



# Hispanic Women In Leadership

## 2008 Scholarship Application Guidelines/ Information Sheet

Hispanic Women In Leadership, a Houston based 501c3 organization will award scholarships to students based on the criteria of academic standing, college/university/vocational/technical school enrollment plans, demonstration of leadership, character, citizenship, residence & economic need.

- Application Availability:** Website: [www.hwil.org](http://www.hwil.org)  
Email: via website or via: [smr2005sonia@aol.com](mailto:smr2005sonia@aol.com)
- Award Amounts:** **Minimum Award - Amount** per scholarship award/scholastic year \$500.00 minimum.
- Deadline:** **Applications must be postmarked or Received electronically by midnight May 1, 2009**
- Late Entries will be Disqualified**
- Eligibility:** **Applicants must;**
- Be a current Student attending a College/University or Vocational/Technical school within the State of Texas.
  - Have attended an accredited public senior high school within the Houston, Harris Co. Texas vicinity and/or adjoining counties.
  - Have received a General Equivalency Diploma from an accredited source.
- Academic Standing:** Applicant's scholastic average to be reported on the application and be verifiable on the transcript: average must be expressed as a numerical percentage.
- College Enrollment Acceptance:** The applicant must enroll or plan to enroll in either a; College or University. **Exceptions** to this condition, which would allow for "special circumstances" may be altered or revised by a majority vote of the presiding HWIL Scholarship Committee.
- Additional Documentation:** **Applicant must be able to provide information as follows:**
- \***Resume/Listing of** - Leadership Potential/Community Service Activities
  - \***Narrative:** Indicating the "Importance of a College education/career goals"
  - \***Letters of Recommendation** - Minimum 2 Maximum 3
  - \***Current Transcript** – High School, College/University/Technical or Vocational School or GED Certificate
  - \***Hold Harmless Agreement/Release** (last page of application) Return with the original completed application and supporting documentation.
- Evaluation:** **Academic Scholarship:** 50% Academics, 25% Leadership, And 25% Economic Need  
**Opportunity Scholarship:** 50% Economic Need, 25% Academics, 25% Leadership

**2008 HWIL Scholarship Application Guidelines/Information Sheet**

**Submission: All applications should be postmarked no later than MAY 1, 2009  
(Late entries will be disqualified)**

**Applications should be mailed to: Attn: Scholarships  
HWIL, P.O. Box 701065  
Houston, TX. 77270-1065**

Any questions regarding this application should be emailed to Sonia Rivera at [smr2005sonia@aol.com](mailto:smr2005sonia@aol.com)  
Application must be complete and all supporting documentation must be provided at time of entry or will be disqualified from the review process.

Hispanic Women In Leadership retains the authority and right to make exception to any and all requirements in and of the 2009 HWIL Scholarship Application as reviewed on a case by case basis by the Hispanic Women in Leadership Scholarship Committee.

**Checklist**

- \_\_\_\_\_ Complete Application (pages 2-10)
- \_\_\_\_\_ Supporting academic information (as applies to your situation)
  - \_\_\_\_\_ GED Certificate,
  - \_\_\_\_\_ ACT Scores
  - \_\_\_\_\_ SAT Scores
  - \_\_\_\_\_ Current High School or College Transcripts
- \_\_\_\_\_ Copies of 2008 Tax Statement Parents or Individual Return
- \_\_\_\_\_ Resume (Leadership Potential / Community Service Activities)
- \_\_\_\_\_ Narrative (Indicating the importance of a college education and includes career goals -2 pages)
- \_\_\_\_\_ Letters of Recommendation (2 to 3)



# Hispanic Women In Leadership 2009 Scholarship Application

(Please review Scholarship Guidelines Info. Sheet for Evaluation Criteria & Instructions)

## SUMMARY PAGE

Date: \_\_\_\_\_

Full Name – Applicant: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Are you a previous HWIL Scholarship recipient? Yes \_\_\_ No \_\_\_ If so, when? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OR TDL# \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Ph# \_\_\_\_\_ Email: \_\_\_\_\_

### HIGH SCHOOL INFORMATION (IF APPLICABLE)

Name of High School: \_\_\_\_\_ District: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Name of Contact Person @ the High School: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Number in Graduating Class: \_\_\_\_\_ Your Class Rank: \_\_\_\_\_

High School Grade Point Average (GPA) through last semester completed: \_\_\_\_\_  
(express as a numerical percentage such as 98% or as a ratio including the scale on which based, i.e. 3.87 / 4.0 scale.)

SAT score: \_\_\_\_\_ ACT score: \_\_\_\_\_ Date of Exam(s): \_\_\_\_\_ Or N/A \_\_\_\_\_

### Certificate of General Education Development (GED)

Name of Accredited Facility where Certificate obtained \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Date of Receipt \_\_\_\_\_

### UNIVERSITY INFORMATION

College Student I.D. # \_\_\_\_\_

Have you applied for admission to a Texas College or University? Yes \_\_\_ No \_\_\_

Have you applied for admission to a Vocational or Technical School? Yes \_\_\_ No \_\_\_

Have you been accepted? Yes \_\_\_ No \_\_\_

*(You must have applied to a Texas College/University, Vocational or Technical school in order to apply for this scholarship; you must attend such an institution to be eligible to receive the award. Any exception to this policy will be looked at on a case by case basis and majority vote by the Hispanic Women In Leadership Scholarship Committee)*

Name and Location of College/University, Vocational or Technical School you expect to attend:

\_\_\_\_\_

Major Field of Study: \_\_\_\_\_

**APPLICATION**

(Please Type or Print Legibly in Blue or Black Ink)

Date: \_\_\_\_\_

Full Name of Applicant: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Name you prefer to be called: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Ph. \_\_\_\_\_ Email: \_\_\_\_\_

Date \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation \_\_\_\_\_ Employed Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ N/A \_\_\_\_\_

Yearly Household Income \_\_\_\_\_ #Children \_\_\_\_\_

**FAMILY INFORMATION** (skip this section if you are an independent student and this does not apply)

Check the applicable blank:

\_\_\_\_\_ I Live independently from my parents

\_\_\_\_\_ I live at home with both parents

\_\_\_\_\_ I live in a single parent household with my \_\_\_\_\_

\_\_\_\_\_ Other: please explain if you live with a guardian, grandparent or have other arrangements:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Living? Yes \_\_\_ No \_\_\_

Father's Occupation: \_\_\_\_\_ \*\*Daytime Phone Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Living? : Yes \_\_\_ No \_\_\_

Mother's Occupation: \_\_\_\_\_ \*\*Daytime Phone Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

If your parents are divorced, does your non-resident parent contribute to your support?

\_\_\_\_\_ Yes. Amount per year \$ \_\_\_\_\_ \_\_\_\_\_ No

Number of Siblings: \_\_\_\_\_ Ages: \_\_\_\_\_

Number of siblings in college now: \_\_\_\_\_

ACADEMIC INFORMATION (Next 2 Sections for High School Graduate\*\*)

Name of High School: \_\_\_\_\_ District: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax# \_\_\_\_\_

Contact Person @ High School: \_\_\_\_\_ Position: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_ Number in Graduating Class: \_\_\_\_\_

THIS SECTION MUST BE COMPLETED BY THE HIGH SCHOOL REPRESENTATIVE (IF APPLIES):

Your Class Rank: \_\_\_\_\_ Number of Graduating Class: \_\_\_\_\_ Date of ranking: \_\_\_\_\_

Scholastic Grade Average for Four Years: \_\_\_\_\_ On what scale? : \_\_\_\_\_  
(express either as numerical percentage, such as 98%, or as a ratio including the scale on which based, i.e. 3.87/4.0 scale)

SAT score: \_\_\_\_\_ ACT score: \_\_\_\_\_ Date of Exam(s): \_\_\_\_\_

Name of Registrar/ School Representative: \_\_\_\_\_ Position: \_\_\_\_\_

Signature of Registrar/Sch Representative: \_\_\_\_\_

ALL APPLICANTS

Have you completed any college courses: \_\_\_\_\_ Yes \_\_\_\_\_ No (check one)

If yes, list names and hours earned: \_\_\_\_\_ Hours \_\_\_\_\_

Have you applied for admission to a Texas College or University? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you applied for admission to a Vocational or Technical School? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been accepted? \_\_\_\_\_ Yes \_\_\_\_\_ No Student I.D. # \_\_\_\_\_

List name(s) of institution(s) to which you have applied for admission:  
\_\_\_\_\_  
\_\_\_\_\_

Planned Major Field of study: \_\_\_\_\_

Planned Career: \_\_\_\_\_  
\_\_\_\_\_

If you have qualified for advanced placement, list subjects and hours credited: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACTIVITIES, HONORS, AWARDS**

**Current-Recent High School / College Activities, Honors, Awards**

In the spaces below, list any offices held or awards received in high school. If a repetitive award or recognition please indicates years achieved. Example: National Honor Society – 3, 4. Do not attach resumes – use the space provided.

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**Extracurricular Activities**

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**Community Activities**

In the space provided, please outline any other activities in which you participate, indicating any special recognition you might have received. For example, church/synagogue activities or community service projects. You may attach an additional sheet if necessary.

<u>ORGANIZATION</u>	<u>COMMUNITY SERVICE</u>	<u>DATE</u>	<u>DURATION</u>
<i>EXAMPLE: Juvenile Diabetes Found.</i>	<i>Organized a grp of 15 to walk and raise funds Raised \$600.</i>	<i>Oct –Nov 2001</i>	<i>1 month</i>

**ACTIVITIES, HONORS, AWARDS, CONT'D.**

<u>ORGANIZATION</u>	<u>COMMUNITY SERVICE</u>	<u>DATE</u>	<u>DURATION</u>
<hr/>	<hr/>	<hr/>	<hr/>
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**FINANCIAL INFORMATION**

Indicate approximate cost per semester at the college/university, vocational or technical school that you will attend. Please indicate tuition, fees, books, housing, etc., as separate items.

Name of College/University: \_\_\_\_\_

Name of Vocational/Technical School: \_\_\_\_\_

Avg. Tuition per semester hour: \_\_\_\_\_ # of Hours \_\_\_\_\_ Fees per semester: \_\_\_\_\_

Housing per semester: \_\_\_\_\_ Live in Dormitory: \_\_\_\_\_ Yes \_\_\_\_\_ No

List any miscellaneous expenses you anticipate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Savings and cash available at start of college: \_\_\_\_\_

Do you currently have any debt for college expenses if so from what source and amount:  
\_\_\_\_\_

How much financial assistance can you anticipate from your parents, relatives or other sources per semester?  
\_\_\_\_\_

Are you a participant in the Texas Guaranteed Tuition Plan (formerly Texas Tomorrow Fund)?

\_\_\_ Yes \_\_\_ No If yes, date of your enrollment: \_\_\_\_\_ Proceeds available: \$ \_\_\_\_\_

Do you qualify for free tuition under any other program? \_\_\_ Yes \_\_\_\_\_ No

**WORK INFORMATION**

Please indicate any previous work history you may have, including jobs you have held throughout high school. Also, please detail how important it will be for you to work while in college and plans you have to secure employment while in college/school.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHOLARSHIP, GRANT, LOAN INFORMATION**

Are you applying for other scholarships, grants or loans for 2008-2009 scholastic years? Yes \_\_\_ No \_\_\_

If answer is "yes" please list names, amounts, whether it is a scholarship, grant or loan, and indicate if you have received confirmation of any other financial assistance. Indicate status as "Pending, Confirmed or Rejected". You may attach an additional sheet if necessary. NOTE: **THIS SECTION MUST BE COMPLETED**

NAME OF SCHOLARSHIP, GRANT or LOAN	AMOUNT	STATUS

Please circle the amount that best describes your family's annual gross income:

- |                      |                                |
|----------------------|--------------------------------|
| Less than \$10,000   | \$50,000 to \$60,000           |
| \$10,001 to \$20,000 | \$60,001 to \$70,000           |
| \$20,001 to \$30,000 | \$70,001 to \$80,000           |
| \$30,001 to \$40,000 | \$80,001 to \$90,000           |
| \$40,001 to \$50,000 | \$90,001 to \$100,000 and more |

- \* Have you officially designed yourself as an Independent Student? Yes \_\_\_ No \_\_\_
- \* Are you dependent on your Parents income for living and educational expenses? Yes \_\_\_ No \_\_\_

Please list any specific reasons why you need financial assistance to attend school: (Financial information provided on the application will remain confidential.) (you may attach additional sheet with information)

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**CERTIFICATION BY APPLICANT AND AUTHORIZATION FOR VERIFICATION  
And HOLD HARMLESS AGREEMENT For HWIL Scholarship Application**

I hereby certify that the statements contained in this HWIL 2009 Scholarship Application are true, accurate and correct, and that I presently meet all eligibility requirements set forth in this Application. If selected to receive Hispanic Women In Leadership Scholarship; I understand that I am expected to attend the HWIL scholarship presentation (FALL/ 2009), to maintain active enrollment in an approved college, university or technical/vocational school, to uphold a "satisfactory standing" with the educational institution, and to abide by the policies governing the Hispanic Women In Leadership Scholarship Programs.

(Note: Any false statement or non-adherence to the policies outlined in these Application/application Guidelines shall constitute grounds for revocation or withdrawal of any awarded scholarship.) All incomplete applications will be disqualified from consideration.

I hereby authorize any person, firm or entity to release to the Hispanic Women In Leadership, or their authorized representatives, information concerning the subject matter of the statements I have made in this application, including, but not limited to, information concerning my academic record, activities, honors and awards, citizenship or residency, and financial conditions. A copy of this authorization is agreed by the undersigned to have the same effect and force as an original. Any person, firm or entity releasing matters pursuant to this authorization is hereby absolved from any liability.

The undersigned HWIL Scholarship Applicant GRANTS PERMISSION to be PHOTOGRAPHED or INTERVIEWED in connection with this application or any potential awards of a Hispanic Women In Leadership Scholarship. The undersigned understands that any such photograph or interview may be used by the Hispanic Women In Leadership organization, or their authorized representatives in television, film, visual, graphic, electronic, printed or other media. THE UNDERSIGNED AGREES TO RELEASE, INDEMNIFY and HOLD HARMLESS the Hispanic Women In Leadership organization of Houston, Texas with respect to any and all Claims related to the usage of such photographs or interviews by the Hispanic Women In Leadership organization or any other media. I have hereby read and acknowledge and understand the content of the HWIL 2009 Scholarship Guidelines, Application and Policies.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Signature of Parent(s)/Guardian(s) (If Applicable) – Signifying understanding and acceptance of Application Policies and Guidelines of Scholarship Application.

Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_