

Latino Agency High School Scholarship Application (2021)

Qualifications to request an Application

1. Be of Hispanic Heritage
2. Be a student who has successfully completed all of the requirement to graduate
3. Be a student in good standing in an Oklahoma High School (i.e. consistent adherence to rules and policies).
4. Been accepted to an institution of Higher Education
5. Have a minimum GPA of 3.00
6. Demonstrate need for financial assistance (Annual income of no more than \$100,000)
7. Relatives of LCDA staff and Board members are ineligible to receive scholarship
8. Be able to attend the Scholarship Award Ceremony (Usually held within first week of May)

Application materials to be submitted

1. Fully completed application. (Incomplete applications will not be considered).
2. Written essay of no less than 1,000 words in response to the following questions:
 - a. What is the value of being bilingual?
 - b. Discuss a particular class, activity, or experience, that molded or influenced you.
 - c. What issues do you consider most relevant to today's youth? Why?
3. Official sealed school transcript.
4. Two (2) letters of recommendation from student's teachers, counselor or community leaders. (All LCDA staff and/or relatives are excluded.)
5. Show proof of financial need by submitting the family's current or previous year income tax return. (No other document will be accepted)
6. Letter of acceptance of the institution of Higher Education that you plan on attending.
7. Copy of ACT score.
8. Electronic picture sent to lcdaclub@latinoagencyokc.org

Scoring will be on a scale of 1 to 5 and based on the following set of factors:

- a. GPA
- b. Essay
- c. Family income, family size, and other grants or scholarships received.
- d. Letters of recommendation
- e. Community involvement and community service hours
- f. ACT score

Terms and conditions:

1. Scholarships funds will be dispersed evenly in two semesters
2. Recipient must be enrolled in at least 12 credit hours per semester to receive funds.
3. Funds will be distributed to the institution that the recipient attends and can be used for tuition, fees, books, materials, and other related expenses.
4. Recipient must maintain a minimum GPA of 3.00 to remain eligible for funds.
5. Funds will only be dispersed once the LCDA has received proof of enrollment, thank you letter to the sponsor, and transcript for each semester by the following dates:

Fall semester:	September 1
Spring Semester:	February 1
6. Failure to send proof of enrollment and transcript by the above dates will result in a forfeiture of funds.

Complete and return this application postmarked by February 28th

**Education Committee Scholarship Review
LATINO COMMUNITY DEVELOPMENT AGENCY
420 S.W. 10th Street
Oklahoma City, OK 73109**

LATINO COMMUNITY DEVELOPMENT AGENCY
INCOMPLETE APPLICATIONS WILL **NOT BE CONSIDERED**

LCDA SCHOLARSHIP FORM

Name: _____
Last First Middle

Age: _____ Sex: _____ Date of Birth: _____ Place of Birth: _____

DACA? Yes _____ No _____ Social Security # _____

Address: _____
Number and Street City Zip Code

Phone: _____ Other Phone: _____ High School's name: _____

E-mail address: _____ (create one if you do not have one)

Have you received other scholarship or grants? _____ If yes, Amount? _____

For how long? _____ Who granted this scholarship? _____

Did you apply for the Clara Luper? _____ was it granted? _____

Did you apply for the Oklahoma Promise? _____ was it granted? _____

What College or Vo-Tech will you attend? _____

What will be your major? _____

Please list honors, awards received: _____

If you need additional space, attach a separate sheet of paper.

List of organizations or groups you belong to:

If you need additional space, attach a separate sheet of paper.

Total # of community volunteer hours in the 4 years of high school: _____ explain in detail where were these hours completed at?

If you need additional space, attach a separate sheet of paper.

Father's or Guardian's Name: _____

Mother's Maiden Name: _____

How many brothers or sisters are living at home now? _____

What are their ages? _____

Are there any other family circumstances that will make it difficult for you to continue your education? _____

If you need additional space, attach a separate sheet of paper.

Student's Signature

Date

Parent's/ Guardian's Signature