

Miguel “Don Mike” Rodriguez Scholarships

Application Package

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ELIGIBILITY

Currently enrolled high school seniors with a minimum grade-point average of 3.0, who are eligible to attend a two- or four-year college or university with a complete course of study. Applicants must be legal U.S. residents, be less than 21 years of age and reside within the geographic boundaries of Essex County, perform 100 hours of verifiable community service and demonstrate a financial need. Applicants may apply for 1 scholarship.

APPLICATION REQUIREMENTS

Eligible students must submit a complete application and attach all of the required documentation or their application will not be reviewed.

- **Application must be postmarked no later than May 15th, 2019.**

SCHOLARSHIP TERMS & CONDITIONS

Scholarship recipients must enroll in and attend a two- or four-year accredited college or university in the academic year following their selection. Verification of enrollment is required. Scholarship fund will not be paid directly, nor reimbursed, to an award recipient. Scholarship funds will be applied toward tuition and fees. Scholarship funds are issued in January of the following year.

SUPPORTING DOCUMENTS

- Transcripts, Personal Statement, Letter of Recommendation, Parent/Guardian IRS Form 1040 (REQUIRED), Acceptance Letter from colleges or universities, Financial Aid Award Letter from the college or university (tuition cost must be noted in the Financial Aid Letter), (DMV) Photo identification Card, Proof of address, i.e., utility bills. A certified high school transcript that contains the students' class rank and test scores must be submitted with the attached application.
- Applicants must submit a personal statement that provides information about their background, community involvement, career goals, and desire to contribute to their community. Information about unique personal financial circumstances. Personal statements must not be more than two pages in length.
- A one-page letter of recommendation from one of the applicant's teachers or a school official is required. The letter should detail the applicants background, achievements, leadership abilities and community involvement. Letters should contain personal personalized information about the applicant. Form letters will be given minimum consideration.
- Applicants must submit a current (2017 or 2018) copy of the IRS Form 1040 filed by his or her parent(s) or guardian(s) used to document total income.

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CERTIFICATION AND RELEASE

All applicants and where appropriate, their parent or guardian, must sign the attached application, certifying that all information provided is true and complete to the best of their knowledge. Upon submission of the completed application, applicants grant the Hispanic American Chamber of Commerce Foundation of Essex County the right to use any information contained in the application for the purpose of promoting and publicizing the Program, or as legally required or permitted by law.

SUBMISSION OF THE APPLICATION

All completed applications must be postmarked on or before Thursday, May 31st, 2018. Incomplete applications will not be considered. Applications must be sent to:

Hispanic American Chamber of
Commerce Foundation of Essex County
Miguel “Don Mike” Rodriguez Scholarship

P.O. Box 400284

197 Bloomfield Ave,

Newark, New Jersey 07104

Or

Haccfoundation@gmail.com

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APPLICANT GENERAL INFORMATION (Please print or type)

First Name _____ MI _____ Last Name _____

Permanent Address # _____ Street _____ Apt.# _____

City _____ State _____ Zip Code _____

E-Mail Address _____

Home Telephone Number () _____ - _____ Alternate Phone Number () _____ - _____

- Male
- Female

Are you a Legal U.S. Resident? Yes No

How did you hear about the Miguel "Don Mike" Rodriguez scholarship fund?

- Guidance Counselor Media Radio Other

Please check the box if you are a first generation student to attend a college or university

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Country: United States of America

Applicant, please provide us the name of the COUNTY  County: _____

In which your current city of residence is located State: _____

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FAMILY INFORMATION

Applicant's Place of Birth: City _____ State _____ Country _____

Parent/Guardian:

First _____ Last _____ Relationship _____

Parent/Guardian:

First _____ Last _____ Relationship _____

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Alternate phone number () _____ - _____ Contact Name: _____

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APPLICANT: To the best of your knowledge, please record your information in the boxes below.

High School Grade Point Average	Class Rank	No. in Class	SAT Critical Reading	SAT Math	SAT Written
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICANT ACADEMIC STATUS and HIGH SCHOOL INFORMATION

High _____ School: _____

Address: _____

City: _____ State _____ Zip: _____

High School Counselor's Name: _____

High School Counselor's Office Telephone Number: () _____ - _____ Ext. _____

High School Counselor's E-mail address: _____

Intended Major: _____

Name of colleges or universities you have applied to attend:

State: _____ Name: _____

State: _____ Name: _____

State: _____ Name: _____

PARENT/GUARDIAN FINANCIAL DATA (required)

1. Adjusted Gross Income (FORM 1040): _____

2. Yearly untaxed Income and Benefits: _____

Please indicate source:

Social Security AFDC Child Support Other

3. Total Cash, Checking Savings and Cash Value Stocks
(Exclude retirement plan funds, IRA, 401K): _____

4. Total number of family
members _____

Living in the household and
primarily supported by the
reported income.

5. Total number of family
Attending college at least half-

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time during the next school year, including applicant.

6. Marital status of parent or guardian:

Married Divorced Separated Widowed Single

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CERTIFICATION AND AUTHORIZATION

All of the information that I have provided in this application and in the enclosed letters is true and complete, to the best of my knowledge. I certify that I am currently enrolled and in good standing as a senior in high school, accepted for full-time enrollment to a two- or four-year college or university for the 2019-2020 academic year and am eligible to receive scholarships granted under the Miguel "Don Mike" Rodriguez Scholarship. I hereby authorized the Hispanic American Chamber of Commerce Foundation of Essex County to use any information contained in this application for the purpose of promoting and publishing the Scholarships, or as legally required or permitted by law. I understand that scholarship funds will be issued January 2019.

Applicant's Signature (required) _____ Date: _____

Parent or Guardian's Signature (required) _____ Date: _____

Authorization for release of Records

To comply with the provisions of the Family Educational rights and Privacy Act of 1974, permission is hereby given to applicant's school officials to release the applicant's secondary school record and other requested information for consideration in the Scholarship Program.

Applicant's Signature (required) _____ Date: _____

Parent or Guardian's Signature (required) _____ Date: _____
(Required if applicant is under 18 years of age)

Please attach your personal statement on a separate document. Confirm that your parent/guardian IRS Form 1040, transcripts, letter of recommendation and all other required documents are attached or your application will not be reviewed.