



Oregon Trail Community Foundation
P.O. Box 1344, 115 Railway Street, Scottsbluff, NE 69361

HISPANIC ADVISORY COMMITTEE SCHOLARSHIP CRITERIA

For Scotts Bluff County Residents of Hispanic Heritage

Scholarships will be given annually to Scotts Bluff County residents of Hispanic heritage to pursue undergraduate education. Scholarships are available to high school graduates and undergraduate college students. The number and value of scholarships will vary based on annual Hispanic Advisory Committee scholarship resources. Scholarships may be renewable.

To qualify for the Hispanic Advisory Committee Scholarship, students must:

- Be a United States citizen
- Have at least one parent of Hispanic descent.
- Be a Scotts Bluff County resident or a graduate of an accredited Scotts Bluff County high school.
- Be a graduating high school senior or college undergraduate who has not completed a Bachelor's degree.
- High school applicants must enroll full-time for their first semester of college.
- College applicants must currently be enrolled in twelve (12) semester hours or eighteen (18) quarter hours at an accredited college or university.
- GED applicants must have completed nine (9) semester hours of college-level work and have verification of the GED certificate.

Deadline for application and supporting documents is February 15th at 5 p.m. Downloadable application forms are available online at www.otcf.org or from the Oregon Trail Community Foundation office. For more information call (308) 635-3393.

Applicant must:

- Legibly complete and sign the application
- Attach two (2) letters of recommendation
- Attach a personal essay written and signed by the student
- Attach a copy of their official ACT/SAT and high school or current college transcript (final grades for high school senior year are not required)

Scholarships are paid directly to the school.



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HISPANIC ADVISORY COMMITTEE SCHOLARSHIP APPLICATION
FOR COLLEGE APPLICANTS

Applicants must submit application and all supporting information to the Oregon Trail Community Foundation, PO Box 1344, Scottsbluff, NE 69361 in an organized, readable form. *If it is not received by February 15th at 5 p.m., the application will not be reviewed.* Attach copy of your college transcript or GED verification, personal essay, and two letters of recommendation.

Applicant's Full Name _____

Address _____ City _____ State _____ Zip Code _____

Phone # _____ E-mail Address _____

Date of Birth _____ Place of Birth _____

U.S. Citizenship: Yes _____ No _____ If naturalized, date of naturalization _____

Last 4 digits of Social Security Number _____ Married: Yes ___ No ___ Number of Dependents _____

ETHNIC BACKGROUND: ONE PARENT MUST BE OF HISPANIC DESCENT

Mexican American _____ Mexican _____ Cuban _____ Latino _____ Other _____

Mother's Maiden Name _____ Occupation _____

Spouse's Name _____ Occupation _____

Address _____ City _____ State _____ Zip Code _____

Phone # _____ E-mail Address _____

Father's Name _____ Occupation _____

Address _____ City _____ State _____ Zip Code _____

Number of family living at home _____ Number of family attending college _____

High School Name _____ Town _____

Year of High School Graduation _____ GED Date and Location _____

College Presently Attending _____

Anticipated Year of College Graduation _____ Year: Fr _____ Soph _____ Jr _____ Sr _____

Total Credit Hours Earned _____ Semester or Quarter? (Circle one) Cumulative GPA _____

Are you presently on Academic Probation? Yes _____ No _____

Are you presently on Academic Suspension? Yes _____ No _____

Colleges and Dates Attended

1. _____ Year _____
2. _____ Year _____

College Registrar's Signature _____ Date _____

Work experience:

Academic honors:

Have you applied for financial aid for the coming academic year? Yes _____ No _____

Did you receive financial aid this past year? Yes _____ No _____

Are you a past HAC scholarship recipient? Yes _____ No _____ Year(s)? _____

Scholarships for which you have applied, please indicate with an asterisk any you have been awarded and the amount of the award.

Attach two letters of reference – school official and non-relative community member or employer

| Reference's Name | Relationship to Applicant | Phone # |
|------------------|---------------------------|---------|
|------------------|---------------------------|---------|

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|----------|--|--|
| 1. _____ | | |
| 2. _____ | | |

Attach a typed personal essay, no more than two double-spaced pages, regarding the following:

- Hispanic parentage and family background.
- Financial need for this scholarship.
- Career goals.
- How you plan to help the Hispanic community in the future.
- How this scholarship will make a difference in your ability to attend college next year.

CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. I hereby give the Hispanic Advisory Committee permission to share this information for the purpose of recruitment, public relations, and research. I further certify that I am currently enrolled or will be enrolled as a college student for the upcoming academic year and will use the scholarship for expenses related to attendance at my designated school.

Signature: _____ Date _____