NEW YORK LEAGUE OF PUERTO RICAN WOMEN, INC.

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Not-for-Profit / Non-Partisan / Tax-Exempt Organization 227 13th Street, Suite B4 Palisades Park, NJ 07650-2066 Dara_lustgarten@yahoo.com / 845-598-2510;917-432-4043



February 5, 2015

Dear Friend:

We are currently accepting applications for our 2015 College Awards. These financial awards are granted annually to undergraduate Puerto Rican women selected for their academic excellence and service to the community.

To be eligible, applicants must send a completed College Award Application form to our address listed above, by the deadline date of May 30, 2015 and meet all of the following criteria:

- 1. Must be currently matriculated as an undergraduate student in an accredited institution of higher education, having earned a minimum of 12 accumulated credits.
- 2. Must have maintained a minimum GPA of 3.0 with no failing grades.
- 3. Must demonstrate service to the community.
- 4. Must provide an official college transcript by the deadline date of June 15, 2015.
- 5. Must provide two (2) letters of recommendation from a professor, college advisor, employer or supervisor.
- 6. Must submit a suitable 4" by 6" (minimum size) color photo of the applicant in appropriate professional attire for inclusion in our Commemorative Journal.
- Must be available to attend a face-to-face interview with the College Award Committee.

The College Award Committee will review only those applications that comply with all of the above seven (7) requirements. The essays of the selected applicants should be written meticulously, and include the applicant's community service and educational and career goals.

Applications can be downloaded from our website or requested via phone or email. Thank you for your assistance in publicizing this information to as many eligible students as possible, and feel free to make as many copies of the application form as you deem necessary.

Sincerely,

Dara Lustgarten, President

New York League of Puerto Rican Women, Inc. College Award Application

Part I – Application Please print or type all information.

Last Name	Name			Middle Name	Middle Name	
Address	Apt.	City	State	Zip Code		
Home Tel		Cell #		Email:		
Birth Date: MonthDa	ıyYear	Birth Place: City		StateCo	untry	
Mother's Birthplace: City_			_State	Country		
Father's Birthplace: City_			_State	Country		
Maternal Grandmother's B	Sirthplace: City		State	Country		
Maternal Grandfather's Bi	rthplace: City		State	Country		
Paternal Grandmother's Bi	rthplace: City		State	Country		
Paternal Grandfather's Bir	thplace: City		State	Country		
College			Major		GPA	
Dates Attended		Degree Expected	Degree Expected		Expected Date of Graduation	
Other						
List any <u>partial</u> or <u>full scho</u>	<u>larships</u> , honors, fe	ellowships or awards you	have received wi	th amounts and dates:		
List internships/extracurrio	cular activities/volu	unteer work/community	services in which	you have participated.		

New York League of Puerto Rican Women, Inc. College Award Application

If presently	y working, attach your re	sume: Part-Time []	Full-tim	ne []		
Business N	ame				Tel		
Address		City			State	Zip	Code
List names	and addresses of the two	persons from whom yo	ou have requ	ested letters o	of recommenda	ition: PLEASE PRINT	
Name	Address		City	State	Zip Code	Email Address	
Name	Address		City	State	Zip Code	Email Address	
I have revi	ewed the above informat	ion, and it is true and co	omplete to th	e best of my k	knowledge.		
Signature:					Date:		

Send to the address given below: 1) completed application 2) Work Resume 3) College Transcript 4) Two letters of recommendation from a Professor, College Advisor, employer or supervisor, and 5) a picture of yourself for inclusion in our Commemorative Dinner-Dance Journal. The College Award Committee will review only those completed applications that are submitted in compliance with the requirements listed above and below. An eligible candidate 1. must be currently matriculated as an undergraduate student in an accredited institution of higher education, having earned a minimum of 12 accumulated credits. 2. must maintain a minimum CPA of 3.0 with no failing grades. 3) must demonstrate service to the community.

Mail completed application to:

Dara Lustgarten, President New York League of Puerto Rican Women, Inc. 227 13th Street, Suite B4 Palisades Park, NJ 07650-2066

New York League of Puerto Rican Women, Inc. College Award Application

Letter of Recommendation

Please Mail To: Dara Lustgarten, President

New York League of Puerto Rican Women, Inc.

227 13th Street, Suite B4

		P	alisades Park, Nev	w Jersey 07650-2066
Print Applicant's Name:				
	THIS PART TO BE COM	MPLETED BY THE REC	COMMENDER	
We would appreciate your in from her peers. Please con	mpressions of the applicant's in	ntelectua1 abilities a acter and overall pro	nd individual qua	lergraduate Puerto Rican women. lities that may distinguish her pace is required, please continue
How long have you known t	he applicant?		What is your rela	ationship to the applicant?
Please rate the applicant in (overall promise. (Check one):	Below average		Average
Above averageC	Outstanding	Exemplary		Jnable to Rate
Your Position or Title		School or Compan	у	
Address	City		State	Zip Code
Telephone #:	Signature:			Date:
Print Name:		Print Ema	nil Address:	

New York League of Puerto Rican Women, Inc. Chapter, Inc. College Award Application

Letter of Recommendation Print Applicant's Name:		Please Mail To:	Dara Lustgarten, Presion New York League of Pu 227 13 th Street, Suite B Palisades Park, New Je	erto Rican Women, Inc. 34
	THIS PART TO BE CO	MPLETED BY THER	<u>ECOMMENDER</u>	
Recommender: The person na We would appreciate your important from her peers. Please common the back of this form. PLEA	ressions of the applicant's ir ent on this applicant's chara	ntelectua1 abilities acter and overall p	and individual qualities	that may distinguish her
How long have you known the a	applicant?		What is your relat	ionship to the applicant?
Please rate the applicant in ove	rall promise. (Check one):	Below average_	Aver	age
Above average Out	standing	Exemplary	Unab	ole to Rate
Your Position or Title		School or Compa	any	
Address	City		State	Zip Code
Telephone #:	Signature:			Date:
Print Name:		Print Er	mail Address:	