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

Part I – Application Please print or type all information.

Last Name	First Name		Middle Name	
Address	Apt.	City	State	Zip Code
Home Tel.	Cell #		_Email:	
Birth Date: MonthDayY	ear Birth Place	e: City	State	_Country
Mother's Birthplace: City		State	Country	
Father's Birthplace: City		State	Country	
Maternal Grandmother's Birthplace:	City	State	eCountry_	
Maternal Grandfather's Birthplace:	City	State	eCountry_	
Paternal Grandmother's Birthplace:	City	State	eCountry_	
Paternal Grandfather's Birthplace:	City	Stat	eCountry_	
List chronologically institutions atten		gth of time at each: ajor		GPA
Dates Attended Deg	ree Expected Ex	pected Date of Gradua	ntion Credit	s Completed
Other				7) 1
List any <u>partial</u> or <u>full scholarships</u> , h	nonors, fellowships or aw	ards you have received	d with amounts and date	es:
10	A		10,117	
	AVE	munity gamaiaag in sylv	ich vou have participate	a
List internships/extracurricular activ	ities/ <mark>vo</mark> lunteer work/com	inumty services in wii	ien you nave par trespute	u.

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

D N			-	ral	
Business N	ame			Геl	
Address		City	S	tate	Zip Code
List names	and addresses of the two	persons from whom you have re	equested letters of r	ecommenda	tion: PLEASE PRINT
Name	Address	City	State Z	ip Code	Email Address
Name	Address	City	State Z	ip Code	Email Address
	100				
1					

Send to the address given below and to Rozmed@aol.com: 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 GPA of 3.0 with no failing grades.

3) must demonstrate service to the community.

Email completed application with your picture to: Eunice_nylprw@yahoo.com and to Rozmed@aol.com

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

Letter of Recommendation			Eunice Santiago, Preside O. Box 60337, Brooklyn,	
Print Applicant's Name:				
	THIS PART TO BE CO	MPLETED BY THE RECOMM	ENDER	
Recommender: The person nation was would appreciate your important from her peers. Please common the back of this form. PLEA	ressions of the applicant's i ent on this applicant's char	acter and overall promise.	vidual qualities that may	distinguish her
			P	
			V 6	
(90				
		ha li zana na	The same of the sa	
			V	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
				0
				101
(0)				2/
How long have you known the	applicant?	What	is your relationship to t	he applicant?
Please rate the applicant in ove	erall promise. (Check one):	Below average	Average	
Above averageOut	standing	Exemplary	Unable to Rat	e <u></u>
Your Position or Title		School or Company		
Address	City	State	e	Zip Code
Telephone #:	Signature:		Da	te:
Print Name:		Print Email Add	ress:	

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

<u>Letter of Recommendation</u>			Eunice Santiago, President, NYLPRW, INC. . O. Box 60337, Brooklyn, New York 11206-033
Print Applicant's Name:			
	THIS PART TO BE COM	PLETED BY THE RECOMN	MENDER
We would appreciate your from her peers. Please co	impressions of the applicant's into	ellectual abilities and inc er and overall promise.	nually to undergraduate Puerto Rican women. dividual qualities that may distinguish her If more space is required, please continue
	O'		
	2)		
(0)			
(0)			
(0)			
		8 8	
		373	Yes (O)
W. C.			
How long have you known	the applicant?	Wha	at is your relationship to the applicant?
Please rate the applicant in	overall promise. (Check one):	Below average	Average
Above average	Outstanding	Exemplary	Unable to Rate
1			
Your Position or Title	0	School or Company	
Address	City	Sta	te Zip Code
Telephone #:	Signature:		Date:
Print Name:		Print Email Addr	ess:

