

HISPANIC WOMEN'S ORGANIZATION OF ARKANSAS

ORGANIZACIÓN DE MUJERES HISPANAS DE ARKANSAS

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January 27, 2005

Dear Students of Hispanic Heritage,

The HWOA invites you to apply for a **Hispanic Women's Organization of Arkansas Scholarship**. You may obtain a scholarship application from your school counselor, www.hwoa.org or by calling the HWOA office at **479-751-9494**.

The four major factors which will be taken into consideration are: 1) Applicants must be of Hispanic Heritage/Origin, 2) Academic record, 3) Financial need and 4) Seriousness of purpose in relation to educational program being pursued.

The amount of the scholarship is **\$500.00**. It is only awarded once to an individual and must be used within a year of the student's selection. If you are selected, you and your family will be honored at the HWOA Scholarship Awards Reception.

The application and essay may be completed in Spanish or English and must be typed or legibly written.

Since its inception in 2000, the HWOA Scholarship Fund has provided more than 60 scholarships to Hispanics in the local community, many of whom are first-generation college students. The first generation of HWOA scholarship recipients graduated from college in 2004.

Please call 479-751-9494 or e-mail hwoa@jcf.jonesnet.org if you have any questions. The completed application and accompanying documents **MUST** be postmarked by **April 15, 2005**.

Mail your application to:

HWOA

P.O. Box 6132

Springdale, AR 72764

Sincerely,

HWOA Scholarship Committee

"Celebrating Education, Culture and Community."

Hispanic Women's Organization of Arkansas
614 E. Emma, P.O. Box 6132, Springdale, AR 72766
2005 Scholarship Application

Date of Application _____

Personal Information

Full Name: _____ Student ID# _____
Last Name First Name Middle Name

Home Address: _____
Number and Street Apartment City State Zip Code

Mailing Address: _____
(If different) Number and Street Apartment City State Zip Code

Home phone # _____ Work phone # _____

Fax _____ Cell _____ e-mail _____

Male _____ Female _____ Age _____ Date of Birth _____

Academic Information

High School or GED _____ Graduation Date _____ GPA _____

College _____ Dates attended _____ GPA _____

Trade or Vocational _____

List honors, awards, extracurricular, community activities, or family responsibilities. (Use separate sheets of paper if necessary)

Financial Information: (Estimated college cost)

Tuition _____ Books/Supplies _____

Room & Board _____ Will you work during the school year _____

Do you work now? _____ Where? _____ How long in the job? _____

Estimated annual household income: \$ _____

Are other family members pursuing post-secondary degrees or training? Yes No

Enclose official transcript

Verified by _____ Title _____

References: Two adults (Not related to applicant) Name, address, daytime phone number

Essay. Please write about your personal and educational goals and explain why you believe you should receive this scholarship. You may provide any additional information that you would like considered by the HWOA Scholarship Committee in making a final decision.

Notes: Scholarship available for Arkansas Residents only. All documents submitted become the property of the HWOA. Submit originals of application and transcripts and copies of all other documents.

HWOA selection committee members, board members, staff and their immediate families are not eligible for the scholarship.