**MANA de Metro Detroit**

C/o La Sed

4138 W. Vernor

Detroit, MI 48209

**SCHOLARSHIP APPLICATION**

**School Year 2019-2020**

**AWARD:** Scholarships of $1,000 each will be awarded for costs relating to

 educational expenses only (i.e. tuition, books, supplies, etc.) Scholarship checks

will be made payable to the recipient and to the university, vocational school or leadership program.

Scholarships awards must be used during the 2019-2020 academic year.

**Prior recipients may reapply annually.** Awards will depend on the availability of funds and demonstrated student financial need, academic achievement, and community involvement.

**ELIGIBILITY:** 1. Hispanic/Latina Women;

 2. Detroit/Metro Detroit Resident;

3. Currently fulfilling high school graduation requirements or GED equivalent; or any student who has formally been admitted to, or is currently attending, a university, community college, vocational school or leadership development program;

4. Eligible applicants may also include MANA de Metro Detroit members, relative of members, and participants in the “Hermanitas” Program\*.

 **REQUIREMENTS:** **Each Application MUST be filled out completely.** ***Incomplete or late applications will not be considered.***

 **The following documents must be attached to your application:**

1. Current academic transcripts and/or GED scores;

2. Letter of acceptance from school or proof of registration;

3. Letters of recommendation from three educators or community

 representatives;

4. One to two page bio talking about your past experiences and future plans as it relates to your educational goals and community involvement;

5 A copy of the Free Application of Federal Financial Student Aid for 2019-2020

 **OR**

6. A copy of last federal tax return or proof of total household income for 2018.

**SPECIAL NOTE: Applicants must be willing to provide ten (10) hours of volunteering as a mentor in the Hermanitas Program in a two year period.**

**DEADLINE:** All information must be received by the MANA Scholarship Committee on or before **April 22, 2019**. Applications **postmarked** after this date **will not** be considered or reviewed by the committee.

If additional information is needed, please contact Ines de Jesus via e-mail at: idejesus5044@aol.com

**NOTIFICATION OF AWARD:** All awardees will be notified via email. Awardees must attend the MANA LUNCHEON, November 2019 to receive their scholarships.

***\*NOTE: Members or relatives of members of the Scholarship Review Committee are not eligible for a MANA de Metro Detroit Scholarship.***

MANA de Metro Detroit

**Scholarship Application Form**

2019-2020

**Section I: Personal Information**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section II: Higher Education Information**

Name of school, college, university or program you plan to attend or you currently attend?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been admitted? \_\_\_\_YES \_\_\_ NO - If no, when do you expect to be admitted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section III: Educational Information**

What is the highest level of schooling completed?

⁭ Currently in High School/Expected Graduation Date: \_\_\_\_\_\_\_\_\_\_ School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⁭ High School Graduate/ Year of Graduation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⁭ Associate’s Degree/ Year of Graduation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_College Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⁭ Bachelor’s Degree/Year of Graduation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_College Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⁭ Master’s Degree/Year of Graduation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_College Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⁭ Other (License/Certifications) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (List)

Indicate current cumulative grade point average: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have attended any post secondary schools or specialized training, please explain below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List any school-related honors, recognition awards or achievements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please write a brief statement of your educational goals and what your plans are after achieving these goals:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SECTION IV: Financial Needs Assessment**

**ALL APPLICANTS: Check appropriate boxes:**

**⁭** I will be living with my parents during the 2019-2020 school year (Complete Section IV-A).

⁭ I will be living on campus during the school year (Complete either Section IV-A or IV-B depending

 on status).

⁭ I am an independent student and will be living on my own (Complete Section IV-B).

⁭ I have attached a Free Application for Federal Financial Student Aid for 2019-2020

⁭ I have attached a copy of last federal tax return or proof of total household income for 2018.

***If you were claimed as a dependent on someone else’s tax returns, please complete Section IV-A.***

**SECTION IV-A: DEPENDENT STUDENTS**

Father or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Combined Household Income for 2018:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the number of dependent children and age (under the age of 18) living at home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***If you are independent and have not been claimed on anyone else’s income tax returns for 2 or more years, please complete Section IV-B.***

**SECTION IV-B: INDEPENDENT STUDENTS**

Complete information for self and spouse if applicable.

Student’s Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Combined Household Income for 2018:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Combined Household Income for 2018:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the number of dependent children and age (under the age of 18) living at home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please state the reasons why it is necessary for you to receive financial assistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SECTION IV-C: ALL APPLICANTS**

Please explain any unusual financial circumstances:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SECTION V: COMMUNITY INVOLVEMENT**

1. List your current activities in the Hispanic community:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. List any community-related honors, recognition awards, or achievements:

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Please forward all materials to:

**MANA de Metro Detroit Scholarship Fund**

**C/o La Sed**

**4138 W. Vernor, Detroit, MI 48209**