

**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 April 1 at 5 p.m.** Downloadable application forms are available online at [www.otcf.org](http://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).

**Recipients are responsible for forwarding official college transcripts to OTCF within three (3) weeks of the end of each grading period and must notify OTCF of any address changes.** Failure to send transcripts jeopardizes scholarship renewal. Scholarships are paid directly to the school.

**If scholarship recipients or their parent(s) move to new address, notification [including new address(es) and phone number(s)] must be given to the Oregon Trail Community Foundation.**

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**HISPANIC ADVISORY COMMITTEE SCHOLARSHIP APPLICATION**  
**FOR HIGH SCHOOL APPLICANTS**

Applicants must submit application and all supporting information to the Hispanic Advisory Selection Committee, Attention: Scholarship Chairman MaryAnn Shockley, 2801 W. 35<sup>th</sup> Street, Scottsbluff, NE 69361 in an organized, readable form. *If it is not received by April 1 at 5 p.m., the application will not be reviewed.* Attach copy of official ACT/SAT, high school or GED transcript, personal essay, and two letters of recommendation. Final grades for senior year are not required to apply.

**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 \_\_\_\_\_  
Social Security Number \_\_\_\_\_

**ETHNIC BACKGROUND: ONE PARENT MUST BE OF HISPANIC DESCENT**

Mexican American \_\_\_\_\_ Mexican \_\_\_\_\_ Cuban \_\_\_\_\_ Puerto Rican \_\_\_\_\_ 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 \_\_\_\_\_ Anticipated Year of College Graduation \_\_\_\_\_  
GPA \_\_\_\_\_ Class Rank \_\_\_\_\_ # of Students in Class \_\_\_\_\_ GED Score \_\_\_\_\_ Other \_\_\_\_\_  
ACT Score \_\_\_\_\_ SAT Score \_\_\_\_\_  
Signature of Counselor or Principal \_\_\_\_\_ Date \_\_\_\_\_

College, university, or technical school you plan to attend. *Attach college admission confirmation. Provide office and telephone number of the school and, if possible, name of a contact person at the school.*

\_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

In what subject do you plan to major? \_\_\_\_\_

School-related activities including athletics, music, student government, etc.:

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Community-related activities including clubs, church groups, volunteer work, etc.:

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Work experience:

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Academic honors:

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

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

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

References's Name	Relationship to Applicant	Phone #
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1. _____		
2. _____		

*Attach a one-page 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 \_\_\_\_\_

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**HISPANIC ADVISORY COMMITTEE SCHOLARSHIP APPLICATION**  
**FOR COLLEGE APPLICANTS**

Applicants must submit application and all supporting information to the Hispanic Advisory Selection Committee, Attention: Scholarship Chairman MaryAnn Shockley, 2801 W. 35<sup>th</sup> Street, Scottsbluff, NE 69361 in an organized, readable form. *If it is not received by April 1 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 \_\_\_\_\_

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 \_\_\_\_\_

Registrar's Signature \_\_\_\_\_ Date \_\_\_\_\_

Work experience:

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Academic honors:

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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.

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

References's Name	Relationship to Applicant	Phone #
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1. \_\_\_\_\_

2. \_\_\_\_\_

*Attach a one-page 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.
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Signature: \_\_\_\_\_ Date \_\_\_\_\_