



# RALPH R. HERNÁNDEZ BILINGUAL EDUCATION SCHOLARSHIP APPLICATION

APPLICATIONS ARE DUE BY  
Please e-mail all documentation and this application  
no later than midnight on August 1, 2019 to: -  
[scholarship@hispanicheritagewny.org](mailto:scholarship@hispanicheritagewny.org)

## Eligibility:

- Must be an individual of Hispanic ethnicity [direct descendant of Hispanic parent(s)/grandparent(s)]
- Must be enrolled in a teacher preparation program leading to certification to teach in any grade or subject (Preference will be given to candidates enrolled in a Bilingual Education Program)
- Must have a grade point average at least 2.75 if previously enrolled in college; high school final average of 85 or above if a recent high school graduate.
- Must be a resident of one of the six (6) counties of Western New York: Erie, Niagara, Chautauqua, Cattaraugus, Wyoming, or Allegany Counties and attend an institution in one of these regions.
- Applicants must show a dedicated commitment to the Hispanic Community.
- Must be present at our annual Hispanic Heritage Month Kickoff at the central library on September 13, 2019
- Recipients must serve one year as a student representative to the HHC, submit a photo

Previous HHC Scholarship Award recipients are not eligible. There will be ONE \$500 scholarship awarded. The awardee will receive a certificate and membership in the HHC for 2019-2020. You will be scheduled for an interview.

## Application:

Please submit your application **NO LATER THAN MIDNIGHT, August 1, 2019**, with the attached cover page, indicating that all the documents have been submitted. If you have any questions, please reach out to us at [scholarship@hispanicheritagewny.org](mailto:scholarship@hispanicheritagewny.org)

**Thank you for applying!**

HHC Scholarship Committee:  
Amy Osorio, Wilda Ramos, Yamilla M Tate, Maritza Vega (chair)

*The Hispanic Heritage Council of Western New York, Inc. is a non-profit organization comprised of volunteer members.*

*Please Note: We have registered with the New York State Attorney General's Charities Bureau (Reg. No. 42-75-45).  
Our annual CHAR500 was filed with the New York State Attorney General's Charity Bureau before its due date.  
You may obtain a copy of such annual report upon request from us by mail addressed to P.O. Box 361, Buffalo, New York 14201.  
You may also request a copy of such annual report from the Attorney General's Charities Bureau, 120 Broadway, 3<sup>rd</sup> Floor, New York, NY 10271.*



**YOU MUST INCLUDE THIS COVER PAGE WITH YOUR APPLICATION**

**Name:**

- A typed 200-word essay indicating your personal history, goals, commitment to the Hispanic Community (Please include any special circumstances.)

**Resume**

- A recent resume including your work/volunteer experience for the past two years and electronic photo

**Two Recommendations**

- Recent letters of recommendations (within the year), signed and dated, **and/or** the scholarship recommendation forms (attached) from professors, counselors, community or religious leaders and/or employers. At least one of the recommendations must be from a faculty member or teacher whose class you attended. We encourage you to obtain this as soon as possible. Recommendations must include the contact phone numbers and e-mail addresses of the individuals making the recommendations.

**Registrar Statement**

- A statement from your college registrar reflecting that you are currently registered in a teacher preparation program for the fall, 2019-2020 semester for at least 12 credit hours

**Schedule**

- A copy of your fall 2019-2020 schedule.

**Transcript**

- A copy of your college/university transcript or your last high school report card showing a grade point average of 2.75 or higher or a final average of 85 or higher. A transcript including the most recent grades must be provided for graduate students. Transcripts may be unofficial copies.

**Proof of Identity**

- Photo ID. (birth certificate, passport, or non-driver's ID) and headshot

**Application**

- HHC Ralph R. Hernández Bilingual Education Scholarship Application Form on page 3.

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Inc. is a non-profit organization comprised of volunteer  
members.  
PO Box 361. Buffalo, NY 14201  
716-703-8342*



Ralph R. Hernández Bilingual Education Scholarship Application

Name:

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

Full Address: (PO Box Not Accepted)

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Phone:

\_\_\_\_\_  
Home

\_\_\_\_\_  
Cell

Email Address:

\_\_\_\_\_  
Hispanic Heritage (please describe):

\_\_\_\_\_  
College/University currently attending or enrolled in for the upcoming academic year:

\_\_\_\_\_  
Name of Institution

Class (as of Sept. 2019)    Freshman    Sophomore    Junior    Senior

I certify that the above information was provided by me and is accurate to the best of my knowledge. If selected as an awardee, I will serve as a student representative to the HHC through June 30, 2019.

Your signature:

Date:

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e-mail address: [scholarship@hispanicheritagewny.org](mailto:scholarship@hispanicheritagewny.org)



The applicant named below is applying for the Hispanic Heritage Council of WNY Ralph R. Hernández Bilingual Education Scholarship for college and would like your recommendation. Please return this form to the applicant.

APPLICANT'S NAME: \_\_\_\_\_

Your name: \_\_\_\_\_

Your occupation and title: \_\_\_\_\_

Phone number (inc. area code) \_\_\_\_\_ Email: \_\_\_\_\_

How long, and in what capacity have you known the applicant?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check the appropriate columns:

	Excellent	Very Good	Good	Fair	Poor
Academic Achievement					
Persistence					
Seriousness of Purpose					
Self-Discipline					
Intellectual Curiosity					
Organizational Skills					
Commitment to the Hispanic Community					

Please state your reasons for recommending the applicant by attaching a word document.  
 You may include a signed and dated independent letter of recommendation in addition to or in lieu of this form.

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Phone number (inc. area code) \_\_\_\_\_ Email: \_\_\_\_\_

How long, and in what capacity have you known the applicant?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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