



CWI Hispanic Healthcare & Technology Careers Conference Scholarship

Return Completed Applications to:

College of Western Idaho
Attn: Luis Caloca
MS 1000
P.O. Box 3010
Nampa, ID 83653

Complete scholarship application packets must be postmarked (or received if hand-delivered) by
***** March 1, 2019 *****

Description of Scholarship

This is a \$1000 first year scholarship to attend College of Western Idaho to pursue a degree in a healthcare or technology field. The award is in recognition of academic and vocational achievement, demonstrated leadership in school, community or other service activities. Applicants must be accepted and enrolling or enrolled at CWI for the Fall 2019 semester.

Qualifications

The applicant must:

- Submit a complete application packet by March 1, 2019.
- Attend the Hispanic Healthcare Careers Conference plus Technology on March 16, 2019.
- Must be in good standing and making satisfactory progress (as formally defined by the institution) toward the student's program objective (degree, diploma, or certificate).
- Must have a cumulative Grade Point Average of 2.5 and above.
- Be a graduating high school student in Idaho.
- Have demonstrated leadership in school, community and/or other service organizations that promote, enhance or strengthen diversity.
- Live in Idaho and of Hispanic/Latino descent

Scholarship Application Packet must contain:

1. A completed and signed CWI HHCTC Scholarship Application
2. A one page biography
 - Be sure to include any pertinent information you may want to convey to us regarding your personal family background and history; academic, leadership and community service experience; your plan of study and future goals.
3. A two page max resume of scholarly or vocational accomplishments, honors, special awards or recognition you have received, community and school involvement to include leadership positions and/or activities. Do not include copies of certificates or other documents.
4. Write a three to five page essay, double-spaced, 12-point font on the following subject:
 - What can be done to encourage more Latino students to pursue a career in the health and/or technology fields?
5. A copy of applicant's high school transcript
6. Two letters of recommendation. At least one letter from an individual qualified to judge your academic, leadership, and personal qualifications. Counselor or teacher is recommended.

Processing of Applications:

- Applications are due by March 1, 2019.
- All applications will be reviewed by CWI Staff.
- Applications will be scored based on the following criteria:
 - Quality of essay
 - Academic achievement
 - Demonstrated leadership qualities
 - Involvement in service to school, community, family
 - Financial need
- All scholarship winners will be notified by mail or phone call.
- **Do not** use staples in your submission.



CWI Hispanic Healthcare Careers Conference + Technology Scholarship

Application Deadline: March 1, 2019

PLEASE PRINT CLEARLY

Full Name: _____
Last First Middle

Address: _____
Street

City State Zip County

Phone Number: (_____) _____

Cell Phone: (_____) _____

E-mail Address: _____

Birth Date: ____/____/____
mm/dd/yyyy ex: 01/17/1994

Parent/Guardian: _____
Last First

Address: _____
Street

City State Zip County

I am of Latino Descent: Yes No **Gender:** Male Female

How many years have you resided in Idaho _____

Name of High School: _____ **Year of HS Graduation:** _____

High School Cumulative GPA: _____

What major will you study: _____

Household Income: \$1 to \$15,000 \$15,001 to \$30,000 \$30,001 to \$45,000
(Please check one) \$45,001 to \$60,000 \$60,001 to \$75,000 \$75,or more

How many are in your household? (include all adults and children): _____

Certification:

I understand and agree to the terms and conditions of applying for and receiving this scholarship. The answers given on this application are true and complete. I hereby authorize information regarding my scholarship application, academic record and financial aid award to be released to the College of Western Idaho and that CWI may share this information to 3rd parties for the purpose of soliciting additional student supports. The review committee may require additional documentation to verify the completion or accuracy of this application. I certify that the information given on this application is complete and correct to the best of my knowledge.

Signature: _____ **Date:** _____