



The Maria Portalatin National Freedom Scholarship

AMERICAN FEDERATION OF TEACHERS LATINO CAUCUS

The Maria Portalatin National Freedom Scholarship Scholarship Application

Application Postmark Deadline: Friday, May 31, 2024

Three students will receive a \$1000 book stipend and lap top

ELIGIBILITY REQUIREMENTS

To be eligible for this scholarship you must:

- · Be a high school senior in a public school
- Be of Hispanic/Latino heritage
- Have a parent or guardian who is a member of a union

SELECTION CRITERIA

Applicants will be evaluated on the following criteria:

- Academic work
- Personal statement
- Letter of recommendation

APPLICATION PREPARATION

- Complete the Personal Information Form.
- Attach a copy of your most recent high school transcript.
- Complete the Personal Statement Form.
- Have a teacher or guidance counselor complete the Recommendation Form.
- Place all materials in one envelope and send to:

AFT Latino Scholarship Program
ATTN: Hector Ruiz Jr.
52 Broadway, 15th Floor
New York, NY 10004

Be sure the application is postmarked by: May 31, 2024

PERSONAL INFORMATION Name (First) (Middle) _____ Apt. Street Address_____ City _____ State___ Zip Code_____ Phone Number _____Email ____ Date of birth (mm/dd/yy) __ _/_ _/___ Parent/Gaurdian _____ Union Affiliate_____ Check the box below that best identifies the place of your heritage. ☐ Cuba ☐ Puerto Rico Dominican Republic Other Mexico List any extracurricular activities you have participated in during high school.

PERSONAL	STATEMENT

Please select any **ONE** of the following options and write a 1-2 page response. (Typed responses are preferred).

List any honors or special awards you have received during high school.

List any jobs you have had during your high school career.

- 1. Identify a person who has had a significant influence on you and explain how he or she influenced you.
- 2. What specific attribute, quality or skill distinguishes you from other people?
- 3. Describe an event that was particularly challenging for you. How did you respond? How did it change you?

LETTER OF RECOMMENDATION

Name of Applicant
To the applicant: Give this form to a teacher or guidance counselor who knows you well.
To the teacher or guidance counselor: Please complete this form <i>and return it to the student</i> . You may attach your own letter of recommendation if you choose. 1) In what capacity and for how long have you known this student?
2) What sets this student apart from other students?
3) What unique qualities does this student have that may not be indicated by his or her transcript?
Name
School_
Signature
Phone