

Applicant General Information (Please Print or Type)

Name _____
First MI Last

Address _____
No. Street Apt. No.

Date of Birth _____
City State Zip

E-Mail Address _____

Home Tel. No. _____ **Cell** _____ **Alternate** _____

Ethnicity/Nationality (Optional) _____

Male Female

Are you a US Citizen? Yes No / **Legal Resident** Yes No

How did you hear about the Coqui Scholarship Program? _____

Please check the box if you are a first generation student to attend a college or university.

Country _____

County _____

◀ **Please provide the name of the county in which
Your current city of residence is located.**

State _____

Family Information

Applicant's Place of Birth _____
City State Country

Parent / Guardian _____
First Last Relationship

Parent / Guardian _____
First Last Relationship

Alternate Phone Number / Contact Name _____

High School _____

Address _____

City _____ **State** _____ **Zip** _____

High School Counselor's Name _____ **Tel:** _____

Intended Major _____

Name of College or University (s) you have applied to or plan to attend:

Name State

Name State

Community Involvement

List all School / Extracurricular Activities which you have been involved with, (example, School Clubs, Student government, sports, and theater arts.)

Activity Description	Years Involved	Highest Position Held

Community / Volunteer Service

List any agencies or organizations in which you have participated without pay during the last three years. (Example, religious groups, hospitals, outreach programs, etc.)

Service Description	Years Involved

Work Experience

List any and all jobs you have held within the last three years. (example, Food server, baby sitting, lawn mowing, office work.)

Job Description	Position Held	Hours per week	From / To Date

Other Scholarships

Please list other Scholarship Programs for which you have applied:

Certification and Authorization:

All of the information that I have provided in this application and in the enclosed letters is true and complete, to the best of my knowledge. I understand that the provision of false or misleading information may lead to the rescinding of an award. I certify that I am currently enrolled and in good standing as a senior in high school, enrolled in or applying for full-time Enrollment to a two-or four-year College or university or vocational / technical school for the 2010-2011 academic year and am eligible to receive scholarships granted under the program. I hereby authorize the Hispanic Coalition of Greater Waterbury, Inc. to use any information contained in this application for the purpose of promoting and publishing the program, or as Legally required or permitted by law.

Authorization for Release of Records:

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, Permission is hereby given to applicant's school officials to release the applicant's secondary school record and other requested information for consideration of the program.

Applicant signature (required) _____ Date: _____

Parent or Guardian's signature _____ Date: _____
(Required if applicant is under 18 years of age)

(Please attach your personal statement on a separate document)