



# West Indian-American Day Carnival Association

**Tel:** 718-467-1797 **Fax:** 718-7781808

**Office:** 323-325 Rogers Avenue. Brooklyn, New York 11225

**Mailing Address:** P.O. Box 130192, St. John's. Brooklyn , New York 11213

## Hilary Yolanda Lezama Nursing/Medical Scholarship Fund

### Application for Grant

All three parts of this application must be received in an envelope at the address below by August 27, 2010. Incomplete applications will not be considered.

- You must be accepted in an accredited Nursing/Medical School or College and be a first or second year student
- Grade point average must be no less than 3.00

<b>APPLICANT INFORMATION * PLEASE PRINT*</b>						
Last Name		First		M.I.	SS#	
Present Address				Apartment/Unit #		
City			State		ZIP	
Permanent Address				Apartment/Unit #		
City			State		ZIP	
Present Telephone	( )		Secondary Telephone	( )		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>				
<b>EDUCATION ( HIGH SCHOOL AND COLLEGE)</b>						
Name of School and Location	Dates of Attendance		Degrees received or to be received			
	From	To	Degree	Major Field	Date	
<b>SCHOLASTIC ACHIEVEMENT</b>						
HIGH SCHOOL: cumulative average _____ out of poss. _____pts. Rank in class _____ out of _____.						
COLLEGE: cumulative average _____ out of poss. _____pts.						
Transcript from School Attending: _____						
<b>Scholastic Honors (Honors Societies, Prizes, Scholarships, etc.):</b>						

<b>NUMBER OF PEOPLE RESIDING IN YOUR HOUSEHOLD, INCLUDING YOURSELF:</b> _____ <b>ADULTS</b> _____ <b>CHILDREN UNDER 18</b>			
<b>Special Circumstances, if any:</b>			
<b>Parent or Guardian Signature:</b>			<b>Date:</b>
<b>Parent or Guardian First Name(Please Print):</b>		<b>Parent or Guardian Last Name(Please Print):</b>	
<b>Marital Status :</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
<b>Relationship to Student:</b>			
<b>Occupation:</b>		<b>Employer:</b>	
Highest Level of Education (check one only) :			
<input type="checkbox"/> None <input type="checkbox"/> Some Grade School <input type="checkbox"/> Grade School Graduate <input type="checkbox"/> Some High School <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College <input type="checkbox"/> Associate's Degree (2 years) <input type="checkbox"/> Bachelor's Degree (4 years) <input type="checkbox"/> Some Graduate School <input type="checkbox"/> Graduate School			
<b>School of Highest Education level:</b>		<b>Location:</b>	
<b>Parent or Guardian Signature:</b>			<b>Date:</b>
<b>Parent or Guardian First Name(Please Print):</b>		<b>Parent or Guardian Last Name(Please Print):</b>	
<b>Marital Status :</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
<b>Relationship to Student:</b>			
<b>Occupation:</b>		<b>Employer:</b>	
Highest Level of Education (check one only) :			
<input type="checkbox"/> None <input type="checkbox"/> Some Grade School <input type="checkbox"/> Grade School Graduate <input type="checkbox"/> Some High School <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College <input type="checkbox"/> Associate's Degree (2 years) <input type="checkbox"/> Bachelor's Degree (4 years) <input type="checkbox"/> Some Graduate School <input type="checkbox"/> Graduate School			
<b>School of Highest Education level:</b>		<b>Location:</b>	

**STUDENT**

I certify that the information contained in this application is true.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

How did you hear about Hilary Yolanda Lezama Nursing/Medical Scholarship Fund? \_\_\_\_\_

\_\_\_\_\_

## WIADCA COLLEGE SCHOLARSHIP ELIGIBILITY REQUIREMENTS

A CANDIDATE MUST BE:

- ◆ Citizen of the United States of American or a legal permanent resident
- ◆ Male or Female- 18 to 30 years of age
- ◆ New York City High School or G.E.D. graduate at time of application
- ◆ New York City resident with proof of residency if you intend to attend college in New York City
- ◆ Caribbean heritage- English, French or Spanish speaking
- ◆ Completion of a 500 – 700 word essay

Accepted as a first or second term matriculated student at an accredited CUNY college or university in pursuit of a Baccalaureate Degree at the time of application in the area of Nursing/Medicine.

Person of sound academic achievement with a G.P.A. of at least 3.0 average (B and above)

Excellent character and have proven leadership ability with demonstrated commitment to community and extracurricular services.

Financial need is a necessity in addition to the above

SELECTION PROCESS:

Winner will be selected on the basis **ALL** of the following:

- ◆ College or High School transcript, including verification of a cumulative GPA, not less than 80%, SAT/ACT scores of at least 1000 or above
- ◆ Two letters of recommendation attesting to the applicant's participation in school, community or civic activities
- ◆ Approval of Committee
- ◆ **Expectation: Successful student to serve the community and/or WIADCA as a (member/volunteer)**
- ◆ **ESSAY: Topic – How my family's cultural background strengthens me and adds to the melting pot and rich culture of New York. (500-700 words – Typewritten)**