



The Maria Portalatin
National Freedom Scholarship

AMERICAN FEDERATION OF TEACHERS LATINO CAUCUS

The MARIA PORTALATIN

National Freedom Scholarship Scholarship Application

Application Postmark Deadline: Wednesday, June 1, 2016

• 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 Caucus Scholarship Program
52 Broadway, 15th floor
New York, NY 10004

Be sure the application is postmarked by: Wednesday, June 1, 2016

PERSONAL INFORMATION

Name		
(Last)	(First)	(Middle)
Street Address		Apt. #
City	State_	Zip Code
Phone Number	Email	
Date of birth (mm/dd/yy) / /		
Parent/Gaurdian	Union Affilia	ate
Check the box below that best identified Cuba Dominican Republic Mexico	Puerto	o Rico
List any extracurricular activities you ha	ave participated in during high	n school.
List any jobs you have had during your	high school career.	
List any honors or special awards you	have received during high sch	hool.

PERSONAL STATEMENT

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

- 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 and return it to the student. 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