

KANKAKEE COUNTY HISPANIC PARTNERSHIP, INC. EDUCATION AWARDS



APPLICATION 2022 ACADEMIC YEAR

INTRODUCTION

Kankakee County Hispanic Partnership, Inc. is awarding educational gifts to help graduating high school seniors and G.E.D. recipients continue their education.

The Kankakee County Hispanic Partnership, Inc. awards educational gifts based on positive leadership and character exhibited in school and community activities and on financial need. An educational award selection committee of the Kankakee County Hispanic Partnership, Inc. administers the selection process and selects the educational gift recipients. The name of each applicant is concealed from the awards committee to ensure that the recipients are selected entirely on merit.

EDUCATION AWARD AMOUNT

The amount of the Kankakee County Hispanic Partnership, Inc. educational gifts is \$500.00 per student.

ELIGIBILITY

- Any applicant who resides in Kankakee County and is of Hispanic or Latino heritage is eligible if they are a high school senior graduating in 2022 or an adult with a high school diploma or G.E.D. currently enrolled in an institute of higher learning or pursuing a certificate program. One Educational gift will be available for an applicant who is pursuing a graduate degree.
- Applicants must have maintained a minimum of 2.0 cumulative grade point average (based on 4.0) through their last semester of high school or received a GED diploma.
- Proof of enrollment in an educational program is required for release of the educational gift after the award is announced.

FOR COMMITTEE USE ONLY 1

Applicant ID no. _____

SELECTION CRITERIA

Educational Gift Award recipients will be selected on the following:

- Positive leadership and character exhibited in both academic and extra curricular school activities
- Positive leadership and character exhibited in community and /or religious activities
- The positive impact the applicant has had on others
- Financial need

APPLICATION REQUIREMENTS AND PROCEDURES

Applicants must submit a typed or word-processed application form, consisting of the following:

1. Cover sheet/Student Information;
2. Academic Information/Post-High School Education Plans;
3. School and Extracurricular Activities;
4. Community Service and/or Church Involvement; including a one page typed single spaced essay

Please note that the applicant's name should appear only on the Cover Sheet/Student Information page. Student identification numbers will be assigned to each applicant by the educational gift selection committee to ensure the recipients are selected entirely on their merits.

APPLICATION AVAILABILITY

Applications are available in the office of the Hispanic Partnership Secretary, 1 Stuart Drive, Kankakee (contact Carole Franke 815-936-4633). The format of the application may not be altered.

EDUCATIONAL GIFT PROCESS TIMELINE

August 19, 2022: Application deadline. E-mail Applications to: cfranke@i-kan.org.

August 22- 24, 2022: A committee made up of members of the Kankakee County Hispanic Partnership evaluates the applications and selects the educational gift recipients.

August 24, 2022: Educational gift recipients are notified of award. Educational gift recipients will receive their funds upon presenting proof of enrollment.

September 2022: Educational gift will be presented to recipients at the Annual Hispanic/ Latino Heritage Celebration on September 23, 2022.

FOR COMMITTEE USE ONLY 2

Applicant ID no. _____

Kankakee County Hispanic Partnership, Inc. Educational Gift Program

Cover Page / Student Identification

Date: _____

Student's Name: _____
First, Middle, Last

Date of birth: _____

Address:

Phone number:

E-mail address: _____

Parents' Names (if applicable):

Kankakee County Hispanic Partnership, Inc. Educational Gift Program

ACADEMIC INFORMATION

Class rank:

Percentile:

Grade point average:

ACT composite score:

SAT composite score:

NOTE: Remember to furnish an official high school or college transcript to verify a cumulative grade point average of 2.0 (based on 4.0) or better. Please furnish copy of G.E.D. if applicable.

POST-HIGH SCHOOL EDUCATION PLANS

Name of school student plans to attend or is attending:

College

Trade/Vocational School

Other

EXPECTED FIELD of STUDY

FOR COMMITTEE USE ONLY

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Applicant ID no. _____

LEADERSHIP ESSAY

Part 2: Please submit a typed one page, single spaced essay of no more than 250 words about how you have provided leadership in school, extracurricular activities, community service and /or church involvement.

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Applicant ID no. _____

Kankakee County Hispanic Partnership, Inc. Educational Gift Program

HOUSEHOLD INCOME

One factor considered in awarding the Kankakee County Hispanic Partnership, Inc. educational gift is financial need. Please check which of the following represents your family's annual household income.

- _____ Under \$15,000.00
- _____ \$15,000.00 to \$35,000.00
- _____ \$35,000.00 to \$55,000.00
- _____ \$ 55,000.00 to \$75,000.00
- _____ \$75,000.00 to \$95,000.00
- _____ \$95,000.00 and above

- _____ Number of household members

Applicant's Signature

By signing I agree to the following:

1. I certify that all of the statements made in this application for the Kankakee County Hispanic Partnership, Inc. Educational Gift are true and correct and that my responses are my own.
2. I also acknowledge that all application materials submitted become the property of the Kankakee County Hispanic Partnership, Inc. and will not be returned.
3. Additionally, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby grant the Kankakee County Hispanic Partnership, Inc. the right to use my name, likeness, picture, voice or biographical information in promotional materials, newsletters or other promotional, informational or communication materials.
4. I hereby authorize the Kankakee County Hispanic Partnership, Inc. to release my name, likeness, picture or biographical information as recipient of the educational gift and waive any potential objection I may have to the release of my name, likeness, picture or biographical information as a recipient of the educational gift.

Agreed and accepted this _____ day of _____, 2020.

Signature: _____

Printed Name: _____

Address: _____

FOR COMMITTEE USE ONLY 9

Applicant ID no. _____