

INSTRUCTIONS FOR APPLICANTS

Ked	quired Application Materials:
	Application form: include one photo 2 x 2.
	Demographic information form (optional).
	Eligibility form.
	Current resume:
	 Example of what your resume should have:
	 Your name and contact information
	 Education and Certification, if any.
	Previous Experiences:
	• Employment
	 Internships
	Community services
	School clubs and extracurricular activities
	Skills and Abilities:
	Computer knowledge
	• Research experience (example: Science Fairs)
	 Languages Proficiencies: (Spanish, English and others)
	 Honors and Awards
	Two letters of recommendation (From a faculty member or Teacher High School).
	An unofficial transcript may able to use for starting evaluation process. An official transcript will be
	required upon acceptance into the program. (High School Transcript; if you're in first year; Current
	Institution Transcript, if you're in second year).
	College Board Results or SAT Results: (only apply if you're in first year)
	Parent Consent form and Commitment form.
	Essay 1: What makes you a strong candidate for this Scholarship Program? (Typed, 1000 word
	suggested length, attach to application. Please put your name on the top)



APPLICATION FORM

INSTRUCTIONS: Fill all the blank spaces with the most current information and have to be in PRINT writing. Failure to provide information requested on this application form, may result in processing delays or not to be evaluated. Giving false information will be considered as an automatically disqualifying application form. Please be advised that your contact information may be given to USDA for verification purposes.

APPLICANT'S PERS	SONAL INFORM	ATION			
Name:					
(Last Name)		rst Name)	(Middle Name)		
Birth Date and Place of	•				
	(MM/DD/YY)	•			
ID Student Number:					
		(If any)	(Number/State)		
Primary E-mail:		Secondary E-mail:			
Primary Contact Number	er:	Secondary Contact Numb	oer:		
CURRENT HOME AI	DDRESS				
Street Address or P.O. Box, Apa	artment #, campus addre	ess, etc.			
City	State	Postal/Zip	current until (Date: M/D/Y)		
CURRENT MAILING	ADDRESS				
Street Address or P.O. Box, Apa	artment #, campus addre	ess, etc.			
C:t	State	Dogtol/7in	ov ment vertil (Doto: M/D/7/)		
City	State	Postal/Zip	current until (Date: M/D/Y)		



APPLICATION FORM

Name:			
(Last Name)		(First Name)	(Middle Name)
Relationship:		E-mail:	
Primary Contact Number	·	Secondary Contact	Number:
Current Address:			
Street Address or P.O. Box, Apart	ment #, campu	s address, etc.	
City	State	Postal/Zip	current until (M/D/Y)
High School Name: Country/State:			aduation Date:
Current Institution Name			
Country/State: Expected Graduation Da	te:		(First or Second Year: Fall or Spring)
Major: Overall G.P.A (if any):		Minor (if any):	
REFERENCES: (Please I	ist two additio	onal references, do not include re	latives)
Name:		Organization/Institution	ı:
Email:			
Name:		Organization/Institution	n:
Fmail·		Phone Number	



ELIGIBILITY FORM

CITIZENSHIP STATUS
Check One:
 □ I am United States Citizen. □ I am Naturalized United States Citizen. □ I am a permanent United States Resident or a Green Card Holder □ Other:
If you selected permanent United States Resident, please list green card number:
PROGRAM ENROLLED
Four year program (BS) in:
 □ Agricultural Science □ Biology □ Microbiology □ Chemistry □ Environmental Technology □ Environmental Science □ Biotechnology □ Other:
PROGRAM AWARNESS
How did you hear about this program? (Note: this will not affect your application) Class visit Printed material (i.e. brochure)
□ Tabling
□ Website
□ Event
☐ Media Coverage
☐ Friend
Other:



Letter of Recommendation

Applicant:						
(Last Name)		(First Na	me)	(M	iddle Initial)
How long have you know the applic	ant?		·			
How would you rate the applicant w	ith the follo	owing person	onal charac	teristics?		
	Below Average	Average	Above Average	Outstanding	Superior	Inadequate Observation
Responsibility with given tasks						
Student improvement in the class						
Originality						
Emotional maturity and stability						
Ability to work in groups						
Independence and self-reliance						
Academic achievement						
Participation in extracurricular activities on campus						
Participation in extracurricular activities on communities.						
Leadership						
Motivation toward a productive career						
How you would classify the student general performance?						
COMMENTS: (Feel free to use a	dditional sh	neets)				
Signature:				Date:		
Typed/Printed Name:				Title:		
Institution/Organization Name:				Phone:		



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Leadership						
Motivation toward a productive career						
How you would classify the student general performance?						
COMMENTS: (Feel free to use a	dditional sh	neets)				
Signature:			D	ate:		
Typed/Printed Name:			Т	itle:		
Institution/Organization Name:			P	hone:		



Student Commitment and Parent/Guardian Consent

ST	UDENT COMMITMENT
I,	(Print student name), certify all of the information
indic	ated on the application is correct, so I agree to abide by the rules and duties of the USD
	icultural Scholarship Program.
	ify in full knowledge, today:
COL	(M/D/Y)
Stude	ent Signature: Witness Printed Name:
Witn	ess Signature:
PA.	RENT/GUARDIAN CONSENT
"I ack	knowledge that I have carefully read the instructions contained herein and that all information provided by n
in this	s application is true and accurate."
I her	eby, authorize my child: (student name) to:
•	Participate on all activities related to fulfill the goals of the proposal of the USD
	Multicultural Scholarship Program. These activities may include:
	o Conferences.
	o Trainings (inside or outside campus)
	o Travel to National Conferences and internships (in Puerto Rico and United States)
•	Participate in communities service activities.
•	Receive medical and dental assistance on case of emergency. In this case, I am responsible
	pay all charges and fees.
•	Certify in full knowledge, today: (M/D/Y)
•	Student Signature: Parent Printed Name:
	Parent/Guardian Signature:



DEMOGRAPHIC INFORMATION

This information will be used for **STATISTICAL PURPOSES ONLY**. This **WILL NOT** be used as criteria for evaluation. Your responses will be highly confidential.

Ethnicity (Check One):
☐ Hispanic or Latino
☐ Not Hispanic or Latino
Race (Check all that applies):
☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or Pacific Islander
□ Other:
Sex: Female
If you selected Male, indicate if you have registered for Selective Services.
Yes No
Disability Status: (Check if applicable)
☐ Individual with a Disability☐ Not applicable
Reasonable Accommodation: (Explain what type of accommodation you might need.)