

# UMCOR HEALTH HISPANIC LEADERSHIP DEVELOPMENT GRANT

## For

Persons of Hispanic-American descent, who are planning to pursue a health-related career, or already a practitioner in the health care field. There are no age limits. Awards are primarily based on need and potential.

### **Applicants must show proof of enrollment in school:**

- A. If applicant is entering school/university, then a copy of the official admission letter stating that applicant has been accepted must be sent to UMCOR Health with the application.
- B. Transcript must be sent with the application.
- C. Send **only three (3)** favorable written recommendations / references from individuals other than family member, i.e., pastor, teacher, guidance counselor, employer.
- D. **Do not send** pictures or resumes.
- E. Only U.S. citizens/permanent residents will be considered and proof will be required.

**Number of grants awarded annually is dependent upon the amount of funds available.**

## **Awards**

Grant awards are \$2,000 each for one year. **If awarded, grant will be sent to the school / university in the name of the applicant.**

## **Deadline**

→Completed application (original and two copies), one-page narrative, references, transcript or letter of acceptance must be received by **June 30<sup>th</sup>**. There are no extensions of this deadline. **If application packet is not complete, it will not be reviewed.** Applicants will receive written notification whether or not a grant has been awarded by **November 30<sup>th</sup>**.

### **Send Complete Application Packet**

**to:**

**Joan Young  
Global Ministries  
UMCOR Health  
The United Methodist Church  
475 Riverside Drive, Room 1522  
New York, New York 10115**

# HISPANIC LEADERSHIP DEVELOPMENT GRANT APPLICATION

Print or type, using black ink. Return signed original.

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Birthplace: \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Permanent Resident: Yes \_\_\_\_\_ No \_\_\_\_\_ Proof \_\_\_\_\_  
(If yes, send copy of Permanent Resident Card)

If no, state current U.S. status: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Day time Telephone (\_\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_\_) \_\_\_\_\_

Denomination: \_\_\_\_\_

Church Membership: \_\_\_\_\_  
(Name of Church)

Church Address: \_\_\_\_\_

\_\_\_\_\_

School Name and Address: \_\_\_\_\_  
(College / University)

\_\_\_\_\_

Projected graduation date: Month \_\_\_\_\_ Year \_\_\_\_\_  
(College / University)

Area of Studies: \_\_\_\_\_

Degree Sought: \_\_\_\_\_

Year currently enrolled: \_\_\_\_\_

Previously Awarded Grant, from UMCOR Health? : Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

ANTICIPATED INCOME AND EXPENSES  
(school-related)

<u>EXPENSES</u>	<u>INCOME</u>	<u>AND DEBTS</u>
Tuition and Fees _____		Salary / Income _____
Books _____		Spouse's Income _____
Room / Rent _____		Annuities / Dividends _____
Meals _____		Other Income _____
Clothing _____		State sources _____
Travel _____		_____
Other (Specify) _____		Debts (Specify) _____
_____		_____
<b>TOTAL:</b> _____		<b>TOTAL LESS DEBTS:</b> _____

ADDITIONAL SCHOLARSHIPS OR LOANS

Scholarships _____	Amount: _____
_____	_____
Loans _____	Amount: _____
_____	_____

ADDITIONAL FINANCIAL INFORMATION

Children: Yes \_\_\_\_\_ No \_\_\_\_\_ Ages: \_\_\_\_\_

Dependent Adults: Yes \_\_\_\_\_ No \_\_\_\_\_ Ages: \_\_\_\_\_

Provisions for Care: \_\_\_\_\_

\_\_\_\_\_

EDUCATION

\*LIST SCHOOL MOST RECENTLY ATTENDED FIRST

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree Received: \_\_\_\_\_

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School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree Received: \_\_\_\_\_

WORK EXPERIENCE

\*LIST MOST RECENT EMPLOYMENT FIRST

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Position Held: \_\_\_\_\_

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Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Position Held: \_\_\_\_\_

NARRATIVE

\*A one page narrative is required to complete the application. In the narrative the applicant should include:

**\*Ambitions, interests, professional contributions and future plans. Why applicant chose particular area of study, and strengths applicant brings to particular vocation. State reason for seeking this grant, and how grant will enable applicant to help others.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## HISPANIC LEADERSHIP DEVELOPMENT GRANT REFERENCE

Please print or type, using black ink. The signed original should be returned by June 30<sup>th</sup> to: Joan Young, Global Ministries, UMCOR Health, The United Methodist Church, 475 Riverside Drive, Room 330, New York, New York 10115.

Name of Applicant: \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

In what capacity have you known applicant?

\_\_\_\_ Work \_\_\_\_ Church

\_\_\_\_ School \_\_\_\_ Community Activities

\_\_\_\_ Other (Please describe) \_\_\_\_\_

\_\_\_\_\_

What leadership qualities does the applicant exhibit that impress you?

What strengths does applicant possess for a health related career?

\_\_\_\_\_  
Full Name (Signature)

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Date