

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 30th**. 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 30th**.

Send Complete Application Packet

to:

**Joan Young
Global Ministries
UMCOR Health
The United Methodist Church
475 Riverside Drive, Room 330
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)

EXPENSES

INCOME AND DEBTS

Tuition and Fees _____

Salary / Income _____

Books _____

Spouse's Income _____

Room / Rent _____

Annuities / Dividends _____

Meals _____

Other Income _____

Clothing _____

State sources _____

Travel _____

Other (Specify) _____

Debts (Specify) _____

TOTAL: _____

TOTAL LESS DEBTS: _____

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: _____

School Name: _____

School Address: _____

Dates Attended: _____ Degree Received: _____

WORK EXPERIENCE

*LIST MOST RECENT EMPLOYMENT FIRST

Company Name: _____

Company Address: _____

Dates Employed: _____ Position Held: _____

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

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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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