



Rayo Perez Education Scholarship

ELIGIBILITY

Applicant must:

- Be a high school student graduating in May 2016
- Be a resident of Doña Ana County, New Mexico
- Have a minimum 2.5 cumulative grade point average
- Attend either NMSU - Doña Ana or NMSU – Las Cruces during Fall 2016 semester
- Submit a complete application packet (per Document Checklist below)

DEADLINE

Application packet must either be postmarked by March 30, 2016, or office-stamped at the Las Cruces Hispanic Chamber of Commerce by March 30, 2016

SELECTION

Applicant will be evaluated on the following criteria as determined by the Las Cruces Hispanic Chamber of Commerce (LCHCC) Education Committee:

- Academic achievement (grade point average)
- Work, volunteer or community service
- Extra-Curricular school activities (to include optional honors, awards, scholarships)
- One-page, double-spaced, essay/personal statement
- Two letters of recommendation addressing applicant's character

DOCUMENT CHECKLIST

Application packet must include

1. Completed Scholarship Application signed by
 - a. applicant, parent/guardian, and high school counselor
2. Cover Letter
3. Résumé, including sections on
 - a. Education,
 - b. Work, Volunteer or Community Service
 - c. Activities (such as athletics, clubs, music, tutoring)
 - d. Optional: Honors, Awards, and Scholarships
4. Official high school transcript
5. Two letters of recommendation
 - a. at least one must be from a previous teacher or a counselor (letters from friends or relatives will not be accepted)
6. Essay/Personal Statement that briefly explains
 - a. Your educational and career goals
 - b. Your action plan to achieve those goals
 - c. How you will use and benefit from scholarship funds

APPLICATION

Applications may be obtained at the LCHCC office located at 277 East Amador, Suite 305. For more information, contact the office at (575) 524-8900.

Note: The LCHCC Education Scholarship Committee reserves the right to interpret and review the conditions and procedures of this scholarship program and to make changes at any time including termination of the program.



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SCHOLARSHIP APPLICATION PLEASE TYPE OR PRINT LEGIBLY

Part I: STUDENT INFORMATION			
First Name	Middle Initial	Last Name	
Mailing Address	City	State	Zip Code
Telephone or Cell ()	Email Address		
Part II: PARENT INFORMATION			
Mother's First Name	Middle Initial	Last Name	
Mailing Address	City	State	Zip Code
Telephone or Cell ()	Email Address		
Father's First Name	Middle Initial	Last Name	
Mailing Address	City	State	Zip Code
Telephone or Cell ()	Email Address		
Part III: COLLEGE PREFERENCE			
Name of College or University			
Date Applied or Accepted			



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SCHOLARSHIP APPLICATION, CONT. PLEASE TYPE OR PRINT LEGIBLY

Part IV: COUNSELOR INFORMATION			
Counselor's First Name	Middle Initial	Last Name	
School Name			
School Address	City	State	Zip Code
Work Telephone ()		Email Address	
Part V: CERTIFICATION OF STUDENT DATA			
High School GPA			
Statement of Support (Provide any information that will endorse student's application.)			
<i>I hereby certify that the academic information and summary of school activities/ awards/honors as listed submitted with this application are correct.</i>			
Counselor's Signature		Date	

SIGNATURES

I certify that the information on this application is correct to the best of my knowledge. I authorize the publication of any award I might receive. This includes videos, all media coverage, photographs, television, print media, and all social media outlets. If selected, I understand that a copy of my college/university registration document must be submitted before accepting the scholarship award.

Applicant's Signature

Date

Parent/Guardian Signature

Date