



“Achieving Dreams” Scholarship

The Migrant Network Coalition is a broad-based coalition of public and private organizations and individuals. Since 1994, we have been collaborating to meet the needs of our diverse immigrant and migrant communities in the state of Kentucky. www.mnclex.org

One important focus of the MNC is our youth. The MNC created the Achieving Dreams Scholarship Program to help immigrant youth access and succeed in higher education. Since 2007, we have awarded over \$30,000 to immigrant students attending college. There will be a maximum of \$1,500 awarded to each scholarship recipient.

Please note: There are certain requirements to the scholarship recipient upon receipt of a scholarship.

- 1- **Recipient must join Migrant Network Coalition’s email listserv. Instructions to do so can be found on www.mnclex.org.**
- 2- **Recipient agrees to dedicate 2 hours of volunteer time to MNC during the 2018 year.**
- 3- **Recipient agrees to write thank you letters to MNC financial donors, as they make the scholarships possible.**
- 4- **Recipient agrees to attend the MNC’s Scholarship Celebration Event in Lexington on April 19, 2018. If we grant you a scholarship award, you must attend this event. If you have problems with attending the Scholarship Celebration Event, you must communicate any difficulty to a Migrant Network Coalition representative. Our board members will work with you to find a solution. You can contact us regarding attendance problems by emailing migrantnetworkcoalition@gmail.com or by calling 859-258-3824 (Please state that you need to speak with an MNC board member).**

Scholarship Criteria / Eligibility

- 3.0 GPA / GED 460 or higher
- Senior in or Graduate of Kentucky High School / GED recipient
- Must be accepted or enrolled in a 2 or 4 year college
- All immigrants or minority students encouraged to apply
- Financial Need

Scholarship Materials and Checklists

_____ Completed Application (Please type: Applications that are not typed will not be accepted)

Supporting Documents:

- _____ Personal Statement: Please type your responses to **all four** questions (500 word limit per answer)
- _____ Financial Statement (See form)
- _____ 2 Letters of Recommendation (See recommendation form)
- _____ Transcript (high school or college) or copy of GED results
- _____ Letter of Acceptance or Good Standing from college or university you plan to attend

**Applications turned in without all of the supporting documents will not be reviewed. All boxes must be filled in. If the question does not apply to you, please just fill the box in with “N/A” or “not applicable.”

Application

Student Name:

Address:

City, State, Zip:

Email address:

Telephone:

Name/Address of High School/ College:

GED score and Date (if applicable):

Birth date: Gender: Male Female

What College or University will you be attending in Fall 2018?

What will you be studying?

Please list Leadership Roles that you have held:

Please list all extracurricular activities you are involved in (church, school, community, etc):

Personal Statements (Please answer ALL of the questions below. Please type. Do not exceed 500 words per question:

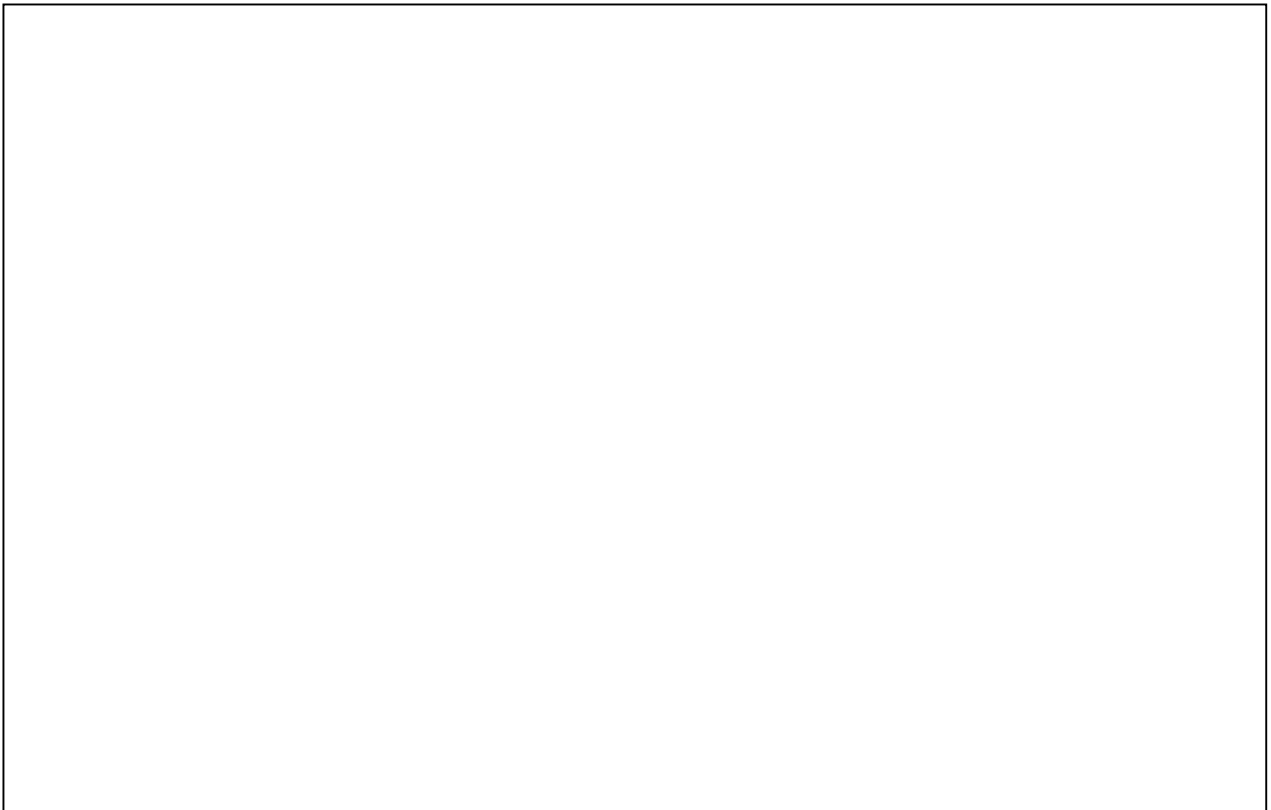
- 1. What are your educational goals and how will you achieve them?**

- 2. What is your greatest accomplishment and why do you consider it your greatest accomplishment?**

3. Who is your hero and how have they inspired you to achieve your dreams?



4. What do you consider to be the country's biggest problem and how would you solve it?



Financial Statement

Application Instructions:

With your parents, legal guardian or spouse, please provide the following information:

Does your immigration status allow you to qualify for Federal Financial Aid? Yes No

If you qualify, do you plan to fill out the FAFSA (Federal Financial Aid Form)? Yes No

Have you received any other scholarship or student financial aid for 2018-2019? Yes No

If yes, please provide the following information:

Name of Scholarship, Grant or Aid Amount

Are you employed? Yes No

If yes, how much of your income can you apply to your college education? (estimates are acceptable)

Are your parents, legal guardians or spouse employed? Yes No

If yes, how much of their income can they apply to your college education?

How many people are in your household (how many people live with you and your family)?

Have you ever been enrolled in the Kentucky Migrant Education Program? Yes No

Please state any other information that would be helpful to the scholarship committee in order to determine your financial need (i.e. other siblings in college, strenuous expenses [health care, etc.]

The Migrant Network Coalition will NOT release or provide this information to any other source or use it for any other purpose apart from determining financial need for this scholarship.

I hereby certify that this information is accurate and truthful. I trust the MNC will NOT release my information to any other source.

Signature of applicant: _____ Date: _____

Signature of parent, guardian, or spouse _____ Date: _____

Recommendation Form I

Applicant Instructions:

Please print pages 7-9 (recommendation forms) and ask the Recommender to seal the recommendation letter in an envelope. When your recommender returns the form to you sealed, please do not open it. Include the letter in your packet of materials that you return to the Migrant Network Coalition by March 23, 2018.

Part I: Application Information

Name _____

High School / College of Attendance _____

Instructions to Recommender

Please complete parts II and III. Before returning to the student, please seal in an envelope and sign the seal. Thank you very much!

Part II: Recommender Information

Name: _____

Professional Title: _____

Employer: _____

Email Address: _____ Phone Number: _____

Part III: Evaluation:

How do you know the applicant? _____

How long have you known the applicant? _____

How well do you know the applicant? Casually Fairly Well Very Well

Please describe why you feel this student should be awarded this scholarship. (Please use additional pages if necessary)

Please describe the student’s ability to achieve his/her goals or overcome a challenge. (Please use additional pages if necessary)

I hereby certify that the information provided is accurate and truthful.

Recommender Signature: _____ Date: _____

Recommendation Form II

Applicant Instructions:

Please print pages 7-9 (recommendation forms) and ask the Recommender to seal the recommendation letter in an envelope. When your recommender returns the form to you sealed, please do not open it. Include the letter in your packet of materials that you return to the Migrant Network Coalition by March 23, 2018.

Part I: Application Information

Name _____

High School / College of Attendance _____

Instructions to Recommender

Please complete parts II and III. Before returning to the student, please seal in an envelope and sign the seal. Thank you very much!

Part II: Recommender Information

Name: _____

Professional Title: _____

Employer: _____

Email Address: _____ Phone Number: _____

Part III: Evaluation:

How do you know the applicant? _____

How long have you known the applicant? _____

How well do you know the applicant? Casually Fairly Well Very Well

Please describe why you feel this student should be awarded this scholarship. (Please use additional pages if necessary)

Please describe the student’s ability to achieve his/her goals or overcome a challenge. (Please use additional pages if necessary)

I hereby certify that the information provided is accurate and truthful.

Recommender Signature: _____ Date: _____

Student Release Information:

I hereby verify that all the information on this application is accurate and that the additional application materials are correct and truthful. Your signature gives the MNC Scholarship Committee permission to review any available academic records and contact the individuals/institutions necessary to verify information included in this packet. I hereby give the MNC permission to publicly announce my award.

Signature _____ Date _____

Please return completed applications to:

“Achieving Dreams” Scholarship
c/o Migrant Network Coalition
P.O. Box 910484
Lexington, KY 40591-0484

Or by email at: migrantnetworkcoalition@gmail.com

All applications must be postmarked and/or submitted on or before March 23, 2018 to be considered for review.