



9	Will you be living on campus? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be commuting to school? <input type="checkbox"/> Yes <input type="checkbox"/> No				
10	Current Grade Point Average (GPA): _____ (On a 4.0 scale) <u>As proof of GPA, submit your most recent <b>official</b> high school or official college/university transcript.</u>				
11	For entering freshmen: ACT Score: ____ Or SAT Score: _____ <u>A copy of your ACT or SAT score sheet is required.</u>				
12	If 17 years of age or younger, provide the name & address of parent(s) or legal guardian(s): _____ Street: _____ City: _____ State: _____ Zip Code: _____ Phone number of parents or legal guardians: _____				
13	List the name of any college/university you have attended.	Year Began	Year Ended	Year Graduated	Type of Degree Received
	A.				
	B.				
	C.				
14	List expenses you expect to incur per semester or quarter: (Approximate figures acceptable) Make additional comments if needed.				
	A.	Tuition:			Amount: \$
	B.	Books:			Amount: \$
	C.	Room & Board:			Amount: \$
	D.	Rent/Shelter:			Amount: \$
	E.	Other living expenses:			Amount: \$
15	List other financial support you will receive during the 2018-2019 School Year (please show an annual amount for each source):				
	A.	Family/Personal Financial Support			Amount: \$
	B.	Other Scholarship(s):			Amount: \$
	C.	Grants:			Amount: \$
	C.	Student Loan(s):			Amount: \$
	D.	Other Financial Resources:			Amount: \$

**Questions # 16-19 must be completed in the application form in each area provided below, do not include a separate attachment in your reply to these questions. Provide as much information in the number of words allowed for each section and clarity as possible in your responses. We encourage you to provide sufficient detail in your response.**

16 **AREA OF BEHAVIORAL HEALTH STUDY and CAREER PLANS:** *Why are you pursuing a course of study in the behavioral health field? Explain why you believe it is important to address Latino behavioral health. What is your behavioral health career plan after graduation? (500 words)*

17 **FINANCIAL NEED:** Please explain your financial need for the Josie Torralba Romero Scholarship. **(300 words)**

18	<p><b>SCHOOL EXTRA-CURRICULAR ACTIVITIES, RECOGNITION, VOLUNTEER AND OTHER COMMUNITY SERVICE:</b> Please list school extra-curricular activities in which you have participated. Note any community service, volunteer organizations in which you are now active or have previously been actively involved. Please list awards and recognitions received. Note organizations presenting honor(s), reason for award, and date. (200 words)</p>
----	---

<h2 style="margin: 0;">CHECKLIST OF REQUIRED DOCUMENTS</h2>
---

19	<p>The following items must be attached to the signed and completed application in order for the application to be deemed complete. Your application will not be reviewed if these items are not attached to this application (No exceptions). Please check off “YES” or “NO” to confirm that you have attached each item as required.</p>
----	--

	YES	NO	Please check off that you have included the following documents. <input checked="" type="checkbox"/>
			<b>Two (2) academic letters of reference and one (1) community member letter of support.</b> Attach your three (3) letters to the application form.
			<b>Proof of college/university acceptance or current student enrollment.</b> A letter of college/university acceptance is required for receipt of funds.
			<b>Most recent <u>official</u> high school (for freshman applicants) or <u>official</u> college/university transcript (for all students).</b> Photocopies of your transcript are <b>not acceptable</b> . Official transcripts must be <b>mailed</b> to: Fredrick Sandoval, MPA, NLBHA, 6555 Robin, Cochiti Lake, New Mexico 87083.
			<b>Proof of permanent residence in the State of New Mexico.</b> (See guidelines)
			<b>Copy of Student Aid Report.</b>

**STATEMENT OF ACCURACY and ACKNOWLEDGEMENT**

I hereby affirm that all the above stated information provided by me to The Josie Torralba Romero Scholarship Fund Committee is true, correct and that this is my authentic signature. I also consent to submit a photograph, be photographed and/or videotaped for purposes for such purposes deemed necessary to promote the Josie Torralba Romero Scholarship Fund Scholarship Program. I understand this will help recognize my accomplishments on the NLBHA website, social media, public media outlets, marketing materials, and acknowledged publicly in venues deemed appropriate to advancing Latino academic achievement if I am selected for a scholarship.

I hereby understand that if chosen as a scholarship awardee, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds are released and to notify NLBHA of any changes to my full-time enrollment, residency, or name/address changes within 3 days of such changes, if I am awarded a scholarship. If I disenroll from school or enroll in less than full-time coursework, I understand that I shall reimburse NLBHA for scholarship disbursements as will not meet eligibility criteria for the scholarship. An application is no guarantee that I will receive a scholarship and the amount awarded is determined by NLBHA.

I hereby agree to participate and attend the Scholarship Award ceremony honoring JTR Scholarship awardees and the JTR Scholarship Benefit Concert event in September 2018.

Signature of scholarship applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Person Witnessing the Student signing this application (does not have to be notarized):

\_\_\_\_\_ Date: \_\_\_\_\_

**The deadline for submission of this completed and signed application is Tuesday, May 1, 2018 by 5:00 p.m. MST. No exceptions!**

**Contact Us: Please contact Fredrick Sandoval, MPA, Executive Director at admin@nlbha.org, by cell or text @ 505-980-5156 or by going on www.nlbha.org "contact us" if you have any questions.**

**Spanish speaking or Limited English Proficient students can communicate in their language of preference by informing us via email, call or text.**

*Si necesitas ayuda con la aplicación en Español, puedes llamar a 505-980-5156 y pregunta por Fred Sandoval o puedes mandar mensaje electronica a admin@nlbha.org.*

*February 12, 2018 frs*