

National Latino Behavioral Health Association **NLBHA**

Providing National Leadership for the Advancement of Latino Behavioral Health Services

2026-2027 Josie Torralba Romero (JTR) Scholarship Application

Application must be typed and filled out by the applicant. Sign and date your application and include all attachments as required. Please send electronically as described at the end of this form.

Refer to the JTR Scholarship Guidelines for the requirements of each section below before completing the application.

Refer to the Rubric for information regarding how applications are scored.

Refer to the JTR Scholarship Guidelines for the requirements of each section below before completing the application. Refer to the Rubric for information regarding how applications are scored. Please Type Your Answers Below and Answer Each Section Completely.

1.	Last Name: _____	First Name: _____
2.	Mailing Address Street: _____ City: _____ State: _____ Zipcode: _____	
3.	Home Telephone Number (if you have one): _____ Cellphone Number: _____ Email Address: _____	
4.	Ethnicity (Please check how you self-identify or add another self-identifier): Hispanic: _____ Latino: _____ Mexican: _____ Puerto Rican: _____ Cuban: _____ Chicano: _____ Guatemalan: _____ LatinX: _____ Other (Please Specify): _____	
5.	I Will be Attending the Following University or College: _____ Starting on (Date): ____/____/____	Anticipated Degree: _____ Anticipated Graduation Date: _____
6.	Would you Consider Completing Your Practicum or Internship With NLBHA During the 2026-2027 School Year? Yes _____ No _____ Unsure _____	
7.	Will You Enter School as a (check one): College Junior: _____ College Senior (at the bachelor level, only entering Juniors and Seniors are eligible to apply): _____ 1 st Year Graduate Student: _____ 2 nd Year Graduate Student: _____ Doctoral Student: 1 st Year _____ 2 nd Year _____ or 3 rd Year _____	
8.	Will You be a Full-Time Student? Yes _____ (Specify # of Credit Hours): _____ No _____	
9.	Will You be Living on Campus? Yes _____ No _____ Will You be Commuting to School? Yes _____ No _____	

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Please Type Your Answers Below and Answer Each Section Completely.

14.	List Financial Support You Will Receive During the 2026-2027 School Year (please show an annual amount for each source):
	A. Personal Financial Support: Amount: \$
	B. Family Financial Support: Amount: \$
	C. Other Scholarship(s): Amount: \$
	D. Grant(s): Amount: \$
	E. Student Loan(s): Amount: \$
	F. Total: Amount: \$

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Questions # 15-#17: Provide as much information in the allotted page limits that provides us a comprehensive and clear response in each section. Please review the Rubric included in the application packet. NLBHA will use this Rubric to score your responses to the next set of questions. Be responsive, thorough, and comprehensive in your responses.

15.	<p>Area of Behavioral Health Study and Career Plans <i>(Please answer each of the following items A-D and provide as much information as possible):</i></p> <p>A. Why are you pursuing a course of study in the behavioral health field? B. Explain why you believe it is important to address Latino behavioral health. C. What are your behavioral health career plans after graduation? D. Please add any other information that you feel that NLBHA would find useful in knowing more about you and your behavioral health career plans. E. Please attach your resume to the application packet.</p> <p><i>(Minimum three (3) full double-spaced pages)</i></p>
16.	<p>Financial Need <i>(Please provide as much information as you can):</i></p> <p>A. Please explain and elaborate on your income, personal and family resources, and describe your financial expenses, other financial circumstances, and your need for education assistance. Students must submit a copy of their 2026-2027 school year Student Aid Report (SAR).</p> <p><i>(Minimum one (1) full page double-spaced pages)</i></p>
17.	<p>Extra-Curricular Activities, Recognitions, Volunteer and Other Community Service <i>(Please answer each of the following items A-C and provide as much information as possible):</i></p> <p>A. Please list extra-curricular activities in which you have participated during high school and college. B. Please describe any past and current community service or volunteer work and the amount of time you devoted to it. C. Please list awards and recognitions that you have received. Identify the organizations presenting each honor(s) or award(s) and the reason for the award and date.</p> <p><i>(Minimum one (1) full page double-spaced pages)</i></p>
18.	<p>Letters of Support <i>(Please provide a total of three letters for the following items A-B):</i></p> <p>A. Two <u>academic</u> letters of references (e.g., from a guidance counselor, school administrator, professor, or college official). B. One <u>community</u> letter of support from an employer, internship site supervisor or other community member. <i>(This letter must not be from an Academic Advisor or Instructor)</i></p>

STATEMENT OF ACCURACY

I hereby affirm that all the above-stated information provided by me in this application for the Josie Torralba Romero Scholarship Application is true and correct and that this is my authentic signature. I acknowledge that any false, misleading, fraudulent, or intentional inaccuracies may disqualify me for final consideration.

Signature of Applicant: _____ Date: _____

The deadline for electronic submission of this completed and signed application is Thursday, April 30th, 2026, by 5:00 p.m. MST. No exceptions!

Contact Us: Please contact Maritza Sanchez at maritza@nlbha.org 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 mandar mensaje electrónico a Maritza Sanchez at maritza@nlbha.org.*