NEW YORK LEAGUE OF PUERTO RICAN WOMEN, INC.

(NYLPRW)

Not-for-Profit / Non-Partisan Organization P. O. Box 268, Patchogue, NY 11772-0268 Edienylprw@gmail.com / 516-380-8714; 917-432-4043

www.nylprw.org / Video: http://www.youtube.com/watch?v=WWEyvS9NjAA EDITH PADILLA, PRESIDENT



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Dear Friend:

We are currently accepting applications for our 2013 College Awards to be presented at our College Awards Gala Dinner Dance at the Marina Del Rey in The Bronx, on Thursday, August 22, 2013. These awards are granted annually to undergraduate Puerto Rican women selected for their academic excellence and service to the community.

To be eligible, applicants must send a completed College Award Application Form to our post office box, listed above, by the deadline date of June 7, 2013 and meet all of the following criteria:

- 1. Currently matriculated as an undergraduate student in an accredited institution of higher education, having earned a minimum of 12 accumulated credits.
- 2. Maintained a minimum GPA of 3.0 with no failing grades.
- 3. Demonstrate service to the community.
- 4. Provide an official college transcript by the deadline date of July 5, 2013.
- 5. Provide two (2) letters of recommendation from a professor, college advisor, employer or supervisor.
- 6. Submit a suitable 4" by 6" (minimum size) photo of the applicant in appropriate professional attire for inclusion in our Commemorative Dinner-Dance Journal.
- 7. Attend a face-to-face interview with the College Award Committee.

The College Award Committee will review only those applications that comply with all of the above seven (7) requirements. The essays of the selected applicants should be written meticulously, including the applicant's community service and educational and career goals.

Applications can be downloaded from our website or requested via phone or email. Thank you for your assistance in publicizing this information to as many eligible students as possible, and feel free to make as many copies of the application form as you deem necessary.

Sincerely, *Edith Padilla*Edith Padilla

Last Name	First Name	Mid	Middle Name	
Address	Apt.	City	State	Zip Cod
Home Tel	Cell #	Email:		
Birth Date: MonthDayYear	Birth Place: City	Sta	teCoun	try
Mother's Birthplace: City	State	Country		
Father's Birthplace: City	State	Country_		
Maternal Grandmother's Birthplace: City	State	Cc	ountry	
Maternal Grandfather's Birthplace: City	State	eCo	ountry	
Paternal Grandmother's Birthplace: City	State	e C	Country	
Paternal Grandfather's Birthplace: City	Stat	teC	ountry	
List chronologically institutions attended reg	ardless of the length of time at each:			
List chronologically institutions attended reg	ardless of the length of time at each:			GPA
College		Ехр	pected Date of G	
	Major	Ехр	pected Date of G	
College Dates Attended	Major Degree Expected			
College Dates Attended Other	Major Degree Expected			
College Dates Attended Other	Major Degree Expected			
College Dates Attended Other List any <u>partial</u> or <u>full scholarships</u> , honors, fo	Degree Expected ellowships or awards you have receiv	ed with amounts	and dates:	
College Dates Attended Other	Degree Expected ellowships or awards you have receiv	ed with amounts	and dates:	

If presenti	y working, attach your res	sume: Part-Time [] Fo	ull-time []
Business N	Jame			Tel	
Address		City		State	Zip Code
List names	and addresses of the two	persons from whom you	ı have requested le	tters of recomme	ndation: PLEASE PRINT
Name	Address	Ci	ty S	tate Zip Code	Email Address
Name	Address	Ci	ty S	State Zip Code	Email Address
I have revi	ewed the above informat	ion, and it is true and cor	nplete to the best o	of my knowledge.	
Signature:				Date:	

Send to the address given below: 1) completed application 2) Work Resume 3) College Transcript 4) Two letters of recommendation from a Professor, College Advisor, employer or supervisor, and 5) a picture of yourself for inclusion in our Commemorative Dinner-Dance Journal. The College Award Committee will review only those completed applications that are submitted in compliance with the requirements listed above and below. An eligible candidate 1. must be currently matriculated as an undergraduate student in an accredited institution of higher education, having earned a minimum of 12 accumulated credits.

2. Maintain a minimum CPA of 3.0 with no failing grades. 3) Demonstrate service to the community. Mail completed application to:

New York League of Puerto Rican Women, Inc. P. O. Box 268 Patchogue, New York 11772-0268

<u>Letter of Recommendation</u>	Please Mail To:	New York League of Puerto Rican Women, Inc. P. O. Box 268
Print Applicant's Name:		Patchogue, New York 11772-0268
THIS F	PART TO BE COMPLETED BY THE R	ECOMMENDER
We would appreciate your impressions of the	he applicant's intelectua1 abilities applicant's character and overall p	ven annually to undergraduate Puerto Rican women and individual qualities that may distinguish her romise. If more space is required, please continue
How long have you known the applicant?		What is your relationship to the applicant?
Please rate the applicant in overall promise.	(Chack anal) Palau avaraga	
Above averageOutstanding	Exemplary	Unable to Rate
Position or Title	School or Compa	any
Address City	State	Zip Code
Telephone #:Signa	ature:	Date:
Duint Name	Duint Fo	anail Addunana

<u>Letter of Recommendati</u>	on_	Please Mail To:	Edith Padilla, President New York League of Puerto Rican Women, Inc. P. O. Box 268
Print Applicant's Name:			Patchogue, New York 11772-0268
	THIS PART TO BE COM	MPLETED BY THE R	<u>ECOMMENDER</u>
We would appreciate yo from her peers. Please	ur impressions of the applicant's in	ntelectua1 abilities acter and overall p	ven annually to undergraduate Puerto Rican women. and individual qualities that may distinguish her romise. If more space is required, please continue
How long have you know			What is your relationship to the applicant?
	t in overall promise. (Check one):	Below average	<u> </u>
Above average	Outstanding	Exemplary	Unable to Rate
Position or Title		School or Compa	any
Address	City	State	Zip Code
Telephone #:	Signature:		Date:
Print Name:		Print Fn	nail Address: