**Bradley Bourbonnais Latino Student Union**

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**Scholarship Application**

**2024-2025 Academic Year**

**Introduction**

The Latino Student Union is awarding an educational gift to help a graduating high school senior from BBCHS to continue their education.

The LSU award will be granted based on positive leadership, character exhibited in school, involvement in community-based activities and on financial need. An educational award selection committee will administer the selection process and select the grant recipient. The name of each applicant is concealed from the awards committee to ensure that the recipient is selected anonymously.

**Education Award Amount**

The amount of the LSU grant is $500.00

**Eligibility**

* Any applicant who is a BBCHS student and is of Hispanic or Latino heritage is eligible if they are a high school senior graduating in 2025.
* Applicants must be a current member of LSU and must have attended at least 50% of the LSU meetings in the 2024-2025 school year.
* Applicants must have maintained a minimum of 2.0 cumulative grade point average (based on 4.0) through their last semester of high school.
* Proof of enrollment in an educational program is required for release of the educational gift after the award is announced.

**Selection Criteria**

Educational Gift Award recipients will be selected on the following:

* Positive leadership and character exhibited in both academic and extracurricular school activities
* Positive leadership and character exhibited in community and /or volunteer activities
* The positive impact the applicant has had on others
* Financial need

**Application Requirements and Procedures**

Applicants must submit a typed or word-processed application form, consisting of the following:

1. Cover sheet/Student Information**;**
2. Academic Information/Post-High School Education Plans**;**
3. School and Extracurricular Activities;
4. Community Service and/or Community Involvement; including a one page typed single spaced essay

Please note that the applicant’s name should appear only on the Cover Sheet/Student Information page. Student identification numbers will be assigned to each applicant by the educational gift selection committee to ensure the recipients are selected entirely on their merits.

**Application Availability**

Applications are available in the BBCHS Main Office or via their school counselor

**Educational Gift Process Timeline**

**April 19, 2025:** Application deadline. Submit applications to: Idalia Marin or Jen LeDuke at BBCHS

Applications may also be e-mailed to: [imarin@bbchs.org](mailto:imarin@bbchs.org) or [jleduke@bbchs.org](http://jleduke@bbchs.org)

**April 22 - May 2, 2025:** A committee made up of members of the Latino Student Union evaluate the applications and select the educational gift recipients.

**May, 2025:** Educational gift will be presented to recipients at the Annual BBCHS Awards Ceremony

.\*\*\* Educational gift recipients will receive their funds upon presenting proof of enrollment.

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**Cover Page / Student Identification**

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

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*First, Middle, Last*

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents’ Names (if applicable):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bradley Bourbonnais Latino Student Union Scholarship**

**ACADEMIC INFORMATION**

Class rank: Percentile:

Grade point average:

ACT composite score: SAT composite score:

**POST-HIGH SCHOOL EDUCATION PLANS**

Name of school student plans to attend or is attending:

**⁭** College  **⁭** Trade/Vocational School **⁭** Other

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**EXPECTED FIELD of STUDY**

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**SCHOOL AND EXTRACURRICULAR ACTIVITIES**

**Part 1:** Please list any school and extracurricular activities you have participated in and indicate theyear in school in which you took part in the activity. Include any sports, groups, clubs, etc. You may use additional pages if necessary.

| **ACTIVITY** | **9** | **10** | **11** | **12** | **Other** | **ACCOMPLISHMENTS** |
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**COMMUNITY SERVICE AND/OR CHURCH INVOLVEMENT**

**Part 1:** Please list any community and/or church activities you have participated in, and indicate theyear in school in which you took part in the activity. You may use additional pages if necessary.

| **ACTIVITY** | **9** | **10** | **11** | **12** | **Other** | **ACCOMPLISHMENTS** |
| --- | --- | --- | --- | --- | --- | --- |
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**LEADERSHIP ESSAY**

**Part 2:** Please submit a typed one page, single spaced essay of no more than 250 words about how you have provided leadership in school, extracurricular activities, community service and /or church involvement.

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**HOUSEHOLD INCOME**

One factor considered in awarding the educational gift is financial need. Please check which of the following represents your family’s annual household income.

\_\_\_\_\_\_\_ Under $15,000.00

\_\_\_\_\_\_\_ $15,000.00 to $35,000.00

\_\_\_\_\_\_\_ $35,000.00 to $55,000.00

\_\_\_\_\_\_\_ $ 55,000.00 to $75,000.00

\_\_\_\_\_\_\_ $75,000.00 to $95,000.00

\_\_\_\_\_\_\_ $95,000.00 and above

\_\_\_\_\_\_\_ Number of household members

**Applicant’s Signature**

By signing I agree to the following:

1. I certify that all of the statements made in this application for the Kankakee County Hispanic Partnership, Inc. Educational Gift are true and correct and that my responses are my own.
2. I also acknowledge that all application materials submitted become the property of the Kankakee County Hispanic Partnership, Inc. and will not be returned.
3. Additionally, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby grant the Kankakee County Hispanic Partnership, Inc. the right to use my name. likeness, picture, voice or biographical information in promotional materials, newsletters or other promotional, informational or communication materials.
4. I hereby authorize the Kankakee County Hispanic Partnership, Inc. to release my name, likeness, picture or biographical information as recipient of the educational gift and waive any potential objection I may have to the release of my name, likeness, picture or biographical information as a recipient of the educational gift.

Agreed and accepted this \_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2024.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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