INSTRUCTIONS FOR APPLICANTS

Required Application Materials:

- Application form: include one photo 2x2.
- Demographic information form (optional).
- Eligibility form.
- Current resume:
  - Example of what your resume should have:
    - Your name and contact information
    - Education and Certification, if any.
    - Previous Experiences:
      - Employment
      - Internships
      - Community services
      - School clubs and extracurricular activities
  - Skills and Abilities:
    - Computer knowledge
    - Research experience (example: Science Fairs)
    - Languages Proficiencies: (Spanish, English and others)
  - Honors and Awards
- Two letters of recommendation (From a faculty member or Teacher High School).
- An unofficial transcript may be able to use for starting evaluation process. An official transcript will be required upon acceptance into the program. (High School Transcript; if you’re in first year; Current Institution Transcript, if you’re in second year).
- College Board Results or SAT Results: (only apply if you’re in first year)
- Parent Consent form and Commitment form.
- Essay 1: What makes you a strong candidate for this Scholarship Program? (Typed, 1000 word suggested length, attach to application. Please put your name on the top)
APPLICATION FORM

INSTRUCTIONS: Fill all the blank spaces with the most current information and have to be in PRINT writing. Failure to provide information requested on this application form, may result in processing delays or not to be evaluated. Giving false information will be considered as an automatically disqualifying application form. Please be advised that your contact information may be given to USDA for verification purposes.

APPLICANT’S PERSONAL INFORMATION

Name: __________________________________________________________________________
   (Last Name)   (First Name)   (Middle Name)

Birth Date and Place of Birth: ______________________________/
   (MM/DD/YY)   (Country/State)

ID Student Number: _______________   Driver’s License Number: __________\(\)
   (If any)   (Number/State)

Primary E-mail: _______________   Secondary E-mail: _______________

Primary Contact Number: ___________   Secondary Contact Number: ___________

CURRENT HOME ADDRESS

______________________________________________________________________________
   Street Address or P.O. Box, Apartment #, campus address, etc.

_______ ___________ ___________ current until (Date: M/D/Y)

City     State     Postal/Zip

CURRENT MAILING ADDRESS

______________________________________________________________________________
   Street Address or P.O. Box, Apartment #, campus address, etc.

_______ ___________ ___________ current until (Date: M/D/Y)

City     State     Postal/Zip
APPLICATION FORM

EMERGENCY CONTACT INFORMATION

Name: ___________________________________________ (Last Name) ___________________________________________ (First Name) ___________________________________________ (Middle Name) ___________________________________________

Relationship: ________________________ E-mail: ________________________

Primary Contact Number: __________ Secondary Contact Number: __________

Current Address:

________________________________________

Street Address or P.O. Box, Apartment #, campus address, etc.

City State Postal/Zip current until (M/D/Y)

EDUCATION: (Note: For evaluation process, may be able to use an unofficial transcript. An official transcript will be required upon acceptance into the program.)

High School Name: ___________________________________________

Country/State: __________________ Overall G.P.A: _____ Graduation Date: __________

Current Institution Name: ___________________________________________

Country/State: __________________ Student Status: __________________

Expected Graduation Date: __________________

(First or Second Year: Fall or Spring)

(Month/Year)

Major: __________________________ Minor (if any): __________________________

Overall G.P.A (if any): ______

REFERENCES: (Please list two additional references, do not include relatives)

Name: ______________________________ Organization/Institution: ______________________________

Email: ______________________________ Phone Number: ______________________________

Name: ______________________________ Organization/Institution: ______________________________

Email: ______________________________ Phone Number: ______________________________
ELIGIBILITY FORM

CITIZENSHIP STATUS

Check One:

☐ I am United States Citizen.
☐ I am Naturalized United States Citizen.
☐ I am a permanent United States Resident or a Green Card Holder
☐ Other: __________________

If you selected permanent United States Resident, please list green card number: _____________

PROGRAM ENROLLED

Four year program (BS) in:

☐ Agricultural Science
☐ Biology
☐ Microbiology
☐ Chemistry
☐ Environmental Technology
☐ Environmental Science
☐ Biotechnology
☐ Other: __________________

PROGRAM AWARENESS

How did you hear about this program?  (Note: this will not affect your application)

☐ Class visit
☐ Printed material (i.e. brochure)
☐ Tabling
☐ Website
☐ Event
☐ Media Coverage
☐ Friend
☐ Other: __________________
USDA - Innovative Curriculum for Agriculture Training and Career for Hispanics (iCATCH)

Letter of Recommendation

Applicant: ______________________________________________________________________________________

(Last Name) (First Name) (Middle Initial)

How long have you know the applicant? ____________________.

How would you rate the applicant with the following personal characteristics?

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<thead>
<tr>
<th></th>
<th>Below Average</th>
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COMMENTS: (Feel free to use additional sheets)

Signature: ______________________ Date: __________

Typed/Printed Name: ____________________ Title: __________

Institution/Organization Name: ____________________ Phone: __________
Letter of Recommendation

Applicant: ________________________________________________________________

(Last Name)  (First Name)  (Middle Initial)

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COMMENTS: (Feel free to use additional sheets)

Signature: __________________________ Date: ____________
Typed/Printed Name: __________________________ Title: ____________
Institution/Organization Name: __________________________ Phone: ____________
Student Commitment and Parent/Guardian Consent

STUDENT COMMITMENT

I, ________________________________ (Print student name), certify all of the information indicated on the application is correct, so I agree to abide by the rules and duties of the USDA Multicultural Scholarship Program.

Certify in full knowledge, today: _______________________.

(M/D/Y)

Student Signature: ____________________  Witness Printed Name: ____________________

Witness Signature: ____________________

PARENT/GUARDIAN CONSENT

"I acknowledge that I have carefully read the instructions contained herein and that all information provided by me in this application is true and accurate."

I hereby, authorize my child: __________________________ (student name) to:

• Participate on all activities related to fulfill the goals of the proposal of the USDA Multicultural Scholarship Program. These activities may include:
  o Conferences.
  o Trainings (inside or outside campus)
  o Travel to National Conferences and internships (in Puerto Rico and United States)

• Participate in communities service activities.

• Receive medical and dental assistance on case of emergency. In this case, I am responsible to pay all charges and fees.

• Certify in full knowledge, today: ________________________ (M/D/Y)

• Student Signature: ____________________  Parent Printed Name: ____________________

Parent/Guardian Signature: ____________________
USDA - Innovative Curriculum for Agriculture Training and Career for Hispanics (iCATCH)

DEMOGRAPHIC INFORMATION

This information will be used for STATISTICAL PURPOSES ONLY. This WILL NOT be used as criteria for evaluation. Your responses will be highly confidential.

Ethnicity (Check One):

☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race (Check all that applies):

☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or Pacific Islander
☐ Other: _____________________

Sex:

☐ Female
☐ Male

If you selected Male, indicate if you have registered for Selective Services.

Yes _______          No ________

Disability Status: (Check if applicable)

☐ Individual with a Disability
☐ Not applicable

Reasonable Accommodation: (Explain what type of accommodation you might need.)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________