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**NEW YORK LEAGUE OF
PUERTO RICAN WOMEN, INC.**

Non-Profit / Non-Partisan / Tax-Exempt Organization
P. O. Box 60337, Brooklyn, NY 11206-0337
347-743-6066/ EUNICE SANTIAGO, PRESIDENT
Eunice_nylprw@yahoo.com
www.nylprw.org

“Educate a woman, and you educate a family.”

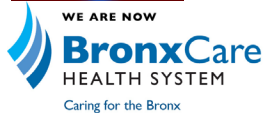
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April 28, 2022

We are currently accepting applications for our 2022 Scholarships. These financial awards are granted annually at our Scholarship Galas, to undergraduate and graduate Puerto Rican/Hispanic women selected for their academic excellence and service to the community.

To be eligible, applicants must comply with all 7 of the requirements listed below, A completed Scholarship Application form together with supporting documents must be mailed to the P. O. Box above, and an email a copy of the application with supporting documents, in pdf format, must be sent to Eunice_nylprw@yahoo.com, Lynettepm@gmail.com and to Rozmed@aol.com by the deadline date of Friday, June 24, 2022 Applicants must meet all of the following criteria:

1. Must be currently matriculated as an undergraduate or graduate student in an accredited institution of higher education, having earned a minimum of 12 accumulated credits.
2. Must have maintained a minimum GPA of 3.0 with no failing grades.
3. Must demonstrate service to the community and be willing to participate in future events with the New York League of Puerto Rican Woman.
4. Must provide an official college transcript.
5. Must provide two (2) letters of recommendation from a professor, college advisor, employer or supervisor.
6. Must email a 4" by 6" (minimum size) color headshot photo in high resolution and in jpeg format, of the applicant in appropriate professional attire, with a neutral background, for inclusion in our Commemorative Gala Journal.
7. Must be available to attend an interview with our Scholarship Committee.

The Scholarship Committee will review only those applications that comply with all of the above seven (7) requirements before the deadline date of June 24, 2022.

Essays must include the applicant’s educational and career goals.

Please publicize this information to as many eligible students as possible. For questions, please contact President Eunice Santiago at (347) 743-6066, Vice-President Lynette Madera, (917) 806-6790, or Chief Financial Officer Rosalind Reyes-Medina, (917) 432-4043.

Sincerely,

Eunice Santiago, President

New York League of Puerto Rican Women, Inc. Scholarship Application

Part I – Application

Please print or type all information.

Last Name	First Name	Middle Name		
Address	Apt.	City	State	Zip Code
Home Tel. _____	Cell # _____	Email: _____		
Birth Date: Month ____ Day ____ Year ____	Birth Place: City _____		State ____	Country ____
Mother’s Birthplace: City _____		State ____	Country ____	
Father’s Birthplace: City _____		State ____	Country ____	
Maternal Grandmother’s Birthplace: City _____		State ____	Country ____	
Maternal Grandfather’s Birthplace: City _____		State ____	Country ____	
Paternal Grandmother’s Birthplace: City _____		State ____	Country ____	
Paternal Grandfather’s Birthplace: City _____		State ____	Country ____	

List chronologically institutions attended regardless of the length of time at each:

College	Major	GPA	
Dates Attended	Degree Expected	Expected Date of Graduation	Credits Completed

Other _____

List any partial or full scholarships, honors, fellowships or awards you have received with amounts and dates:

List internships/extracurricular activities/volunteer work/community services in which you have participated.

New York League of Puerto Rican Women, Inc. Scholarship Application

If presently working, attach your resume: Part-Time [] Full-time []

Business Name _____ Tel. _____

Address _____ City _____ State _____ Zip Code _____

Part II – Essay – Print/Type Describe your educational and career goals; explain what this college award means to you and how you will utilize it. You may continue on a separate typed-written page.

I have reviewed the above information, and it is true and complete to the best of my knowledge.

Signature: _____ **Date:** _____

**Send completed Scholarship Application to: Eunice Santiago, President, NYLPRW, INC.
P. O. Box 60337, Brooklyn, New York 11206-0337**

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 Gala Journal. The Scholarship Committee will review only those completed applications that are submitted in full compliance with the requirements listed above and below. An eligible candidate 1. must be currently matriculated as an undergraduate/graduate student in an accredited institution of higher education, having earned a minimum of 12 accumulated credits. 2. must maintain a minimum GPA of 3.0 with no failing grades. 3) must demonstrate service to the community.

**Email completed application with your picture to:
Eunice_nylprw@yahoo.com, lynettepm@gmail.com, and
Rozmed@aol.com.**

New York League of Puerto Rican Women, Inc. Scholarship Application

Letter of Recommendation

Please Mail To: Eunice Santiago, President, NYLPRW, INC.
P. O. Box 60337, Brooklyn, New York 11206-0337

Print Applicant's Name: _____

THIS PART TO BE COMPLETED BY THE RECOMMENDER

Recommender: The person named above is applying for a scholarship that is awarded annually to undergraduate/graduate Puerto Rican/Hispanic women. We would appreciate your impressions of the applicant's intellectual abilities and individual qualities that may distinguish her from her peers. Please comment on this applicant's character and overall promise. If more space is required, please continue on the back of this form.

PLEASE PRINT OR TYPE ALL INFORMATION.

How long have you known the applicant?

Relationship to the applicant?

Please rate the applicant in overall promise. (Check one):
Below average _____ Average _____
Above average _____ Outstanding _____ Exemplary _____ Unable to Rate _____

Your Position or Title _____ School or Company _____

Address _____ City _____ State _____ Zip Code _____

Telephone #: _____ Signature: _____ Date: _____

Print Name: _____ Print Email Address: _____

New York League of Puerto Rican Women, Inc. Scholarship Application

Letter of Recommendation

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P. O. Box 60337, Brooklyn, New York 11206-0337

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PLEASE PRINT OR TYPE ALL INFORMATION.

_____ _____

How long have you known the applicant? **Relationship to the applicant?**

Please rate the applicant in overall promise. (Check one): Below average _____ Average _____
Above average _____ Outstanding _____ Exemplary _____ Unable to Rate _____

Your Position or Title School or Company

Address City State Zip Code

Telephone #: _____ Signature: _____ Date: _____

Print Name: _____ Print Email Address: _____

**New York League of Puerto Rican Women, Inc.
Scholarship Application**