Dear Bilingual Program Coordinator:

The Scholarship Committee of the Los Angeles County Bilingual Directors’ Association is offering a $500 scholarship, The Daniel Carlos Herrera Memorial Scholarship. Daniel Herrera was a high school graduate who had his dream cut short by a motorcycle accident in July 2001. He and his family have been involved in the education of students who come to school speaking a language other than English for over 37 years. To honor his memory and the contributions of his family a yearly scholarship will be awarded to a:

- High School graduate who is pursuing a career in education or community service with a focus on serving an ethnically diverse society
- Student who is bilingual, Spanish/English, or has a Native American Tribal Affiliation
- Resilient student who in their earlier school career had academic or personal obstacles to overcome
- Student who is or has been involved in outside community work or service

Attached you will find the application forms for duplication and dissemination. All applications must be postmarked no later than Friday, January 15, 2016, in order to announce the recipients at the Bilingual Directors’ banquet. It is the responsibility of the applicant to send the completed application and all required documents to:

Los Angeles County Bilingual Directors’ Association
P.O. Box 2122
Downey, CA 90242

Revised 9/15/15
To the Scholarship Committee:

I hereby submit my application for the Los Angeles County Bilingual Directors’ Association-Daniel Carlos Herrera Memorial Scholarship to be applied to the following academic school. In support of this application, I submit the following information and certify it to be true:

☐ I am a graduating bilingual high school student

I understand and agree that if I am awarded a scholarship it will be payable upon proof of enrollment at a college or university, public or private. Upon enrolling, I am making a commitment to further my education in preparation for a teaching or community service with a focus on serving an ethnically diverse society.

Date ___________________________ Signature ______________________________

APPLICATION INFORMATION

Name: __________________________ Age: _____ Phone:(   ) ____________
Address: __________________________________________________________
City_____________________________ State CA Zip Code: _____________
School: __________________________________________________________
School District: ____________________________________________________
For what occupation do you intend to prepare? ______________________
What college or university do you plan to enter? _____________________

Revised 9/15/15
**Financial Report**

**a.** The gross income reported on your family’s 2014 Federal Tax return was between: (Check one)

- ______________ under  --  $20,000
- ______________ $20,001 --  $30,000
- ______________ $30,001 --  $40,000
- ______________ $40,001 -- or more

**b.** How many (including yourself) are dependent on this income for major part of their financial support? Give names, ages, and relationships:

________________________________________________________________________

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**c.** Do you have funds available to you from sources other than your family’s income:

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**d.** List any other information that indicates your financial need:

________________________________________________________________________

________________________________________________________________________
Special Instructions:

** Include two letters of recommendation from two different people. Letters should address academic standing, extra-curricular and community involvement activities and why this student meets the qualifications on the cover sheet. Below, list the name, address, and telephone number of each individual providing a letter of recommendation.

1. Name_____________________________________________________________
   Address___________________________________________________________
   Phone________________   Email _________________________________

2. Name ____________________________________________________________
   Address __________________________________________________________
   Phone _______________   Email ________________________________

** In your own handwriting, submit a letter of approximately 125 words explaining why you qualify for this scholarship. Sheet is attached.

The Los Angeles County Bilingual Directors’ Association is authorized to confirm this Financial Report and any other document through any available sources.

  Signature of Applicant________________________________
  Date______________________________

FAILURE TO INCLUDE ALL REQUIRED INFORMATION WILL RESULT IN DISQUALIFICATION

Application must be posted no later than:  Friday, January 15, 2016

Return application to:

Los Angeles County Bilingual Directors’ Association
Herrera Memorial Scholarship
P.O. Box 2122
Downey, CA 90242

  Date Received: _____________
Why I Should be Awarded the Daniel Carlos Herrera Memorial Scholarship

Please address any or all of the four bullets on the coversheet. In addition, describe your plans for the future and how this scholarship will help you achieve your goal.

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Name_____________________________________ School____________________________

Revised 9/15/15