

MIGRANT FARMWORKER BACCALAUREATE SCHOLARSHIP

Purpose

To provide financial support to a deserving student with a history of migrating for employment in agriculture who has successfully completed one year of college. This support, up to a possible \$20,000.00, will cover expenses beyond what the youth has been able to procure in federal/state and other scholarship assistance. This scholarship is designed to assist the youth in obtaining a baccalaureate degree without being encumbered by substantial debt. The Weston T. Hyde, Oswego County Education Foundation (WTHOCEF) has agreed to administer this scholarship to offer financial assistance to migrant students who want to further their education. Funds are dispersed over multiple years, and future payments are made after verification is received that the awardee is continuing forward with their education.

Eligibility

- Recent history of movement for agricultural employment
- Scholastic achievement
- Financial need
- Successful completion of at least one year at an accredited post-secondary institution

Application Process

All items listed below and the completed application form (pages 2-5) must be submitted electronically or sent by mail (**postmarked by July 1**).

- Three letters of recommendation, at least one of which must be from a school, community or educational agency representative with a personal knowledge of the applicant's character and commitment to obtaining a baccalaureate degree;
- A personal essay of at least 500 words telling about his/her background, career and personal goals, and indicating why he/she should receive this assistance;
- A copy of college transcript showing the most recent grades obtained;
- Financial need documentation in the form of a copy of most recent income tax return of applicant or parents, a copy of school financial aid form, or loan documentation.
- Proof of Migrant Education Eligibility in the form of a letter from your Migrant Education Program's Director verifying your eligibility for migrant services during high school. The letter should include the most recent qualifying arrival date (QAD).

This scholarship is made available through a generous endowment from a concerned individual for the education of children of migrant farmworkers. The donor wishes to remain anonymous.

PLEASE MAKE SURE ALL ITEMS ABOVE ARE INCLUDED AT TIME OF SUBMISSION.

Electronic Submission: Send to jverdugo@brockport.edu

Files sent via email must follow the NYS-MEP guidelines for secure transfer of personal information.
<https://www.nysmigrant.org/resources/downloads/Data-Security>

Submission by Mail:

Attn: NYS-MEP TASC, Jennifer Verdugo
39 Carrington Drive
Rochester, NY 14626

For Questions: contact Paul Gugel | 315-963-4265 | pgugel@citiboces.org

Migrant Farmworker Baccalaureate Scholarship Application Form

This form must be accompanied by at least three reference letters, a copy of a current transcript, personal essay, financial need documentation, and a copy of the applicant's current or most recent Migrant Education Certificate of Eligibility (COE) as specified on the cover page of this application, no later than July 1st.

APPLICANT

Last Name First Name Middle Initial ()
Home/Cell Phone

Mailing Address City State Zip Email

Home Address (if different from mailing address)

Name of parent(s) or legal guardian

Parent/guardian occupation(s)

MIGRANT STATUS

Month/year of most recent move for agricultural employment by applicant or applicant's family _____

Type of agricultural work done _____

_____ Number of years working in agriculture _____

Names of towns and states in which family or applicant has worked in agriculture during the past three years

EDUCATIONAL INFORMATION

Name and address of college or university where the applicant is presently enrolled

Name of school ()
Phone Anticipated Graduation Date

Address City State Zip

College major and degree

Name and address of the high school that you graduated from

Name of school ()
Phone Graduation Date

Address City State Zip

Migrant Farmworker Baccalaureate Scholarship Application Form

FINANCIAL ASSISTANCE

List all financial assistance approved and/or anticipated for the upcoming academic year including assistance from scholarships, grants, work-study, PELL, loans, TAP, parents, etc.... Please itemize as specifically as possible.

Type	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Anticipated expenses for the upcoming academic year

Tuition	_____
Books	_____
Housing	_____
Meals	_____
Transportation	_____
Other (please specify)	_____

FAMILY INCOME

Check the box for your total family income.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0 - \$25,000 | \$25,001 - \$35,000 | \$35,001 - \$45,000 | \$45,001 - \$55,000 | \$55,001 + |

Migrant Farmworker Baccalaureate Scholarship Application Form

Names, ages and relationship of family members still living at home:

Special circumstances/problems that affect family finances:

REFERENCE LETTERS

Letters from three adults must be included with your application. Reference letters may not be written by the applicant, anyone under 21 years of age, or anyone related to the applicant or serving as legal guardian. At least one phone number must be included for each person. Please have each reference write a letter addressing the student's character, educational commitment, achievements, grades, etc., and supporting the need for financial assistance. Complete the following for each reference.

1.

Last Name	First Name	Middle Initial	Daytime Phone
-----------	------------	----------------	---------------

Mailing Address	City	State	Zip	Email
-----------------	------	-------	-----	-------

Relationship to Applicant

2.

Last Name	First Name	Daytime Phone
-----------	------------	---------------

Mailing Address	City	State	Zip	Email
-----------------	------	-------	-----	-------

Relationship to Applicant

3.

Last Name	First Name	Daytime Phone
-----------	------------	---------------

Mailing Address	City	State	Zip	Email
-----------------	------	-------	-----	-------

Relationship to Applicant

Migrant Farmworker Baccalaureate Scholarship Application Form

APPLICANT AGREES to the use of his/her name, likeness, personal essay and information contained in this application for educational, advertising and promotional purposes for the Migrant Farmworker Baccalaureate Scholarship and migrant education programs without further compensation or notification.

The information on this form and contained in the application package is true and correct to the best of my knowledge as evidenced by the following signature.

Applicant's Signature

Date

APPLICATION CHECK LIST

- Personal essay
- College transcript
- Migrant Education COE
- Three reference letters
- Financial documentation
- This form completed and signed