USDA Florida-Caribbean Consortium for Agriculture Education and Hispanic Workforce Development (FCCAgE)

INSTRUCTIONS FOR APPLICANTS

Required Application Materials:

- ❒ Application form: include one photo 2 x 2.
- ❒ 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)
                - Written
                - Oral
                - Both
        - Honors and Awards
- ❒ Two letters of recommendation (From a faculty member or Teacher High School).
- ❒ An unofficial transcript may 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.
- ❒ Penal Record Certificate.
- ❒ **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)

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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.

APPLICANT'S PERSONAL INFORMATION

Name: _____
(Last Name) **(First Name)** **(Middle Name)**

Social Security Number: _____ **Date and Place of Birth:** _____/_____
(M/D/Y) **(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.

_____
City **State** **Postal/Zip** **current until (Date: M/D/Y)**

CURRENT MAILING ADDRESS

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

_____
City **State** **Postal/Zip** **current until (Date: M/D/Y)**

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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:** _____
(First or Second Year: Fall or Spring)

Expected Graduation Date: _____
(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:** _____

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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: _____

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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?

	Below Average	Average	Above Average	Outstanding	Superior	Inadequate Observation
Responsibility with given tasks						
Student improvement in the class						
Originality						
Emotional maturity and stability						
Ability to work in groups						
Independence and self-reliance						
Academic achievement						
Participation in extracurricular activities on campus						
Participation in extracurricular activities on communities.						
Leadership						
Motivation toward a productive career						
How you would classify the student general performance?						

COMMENTS: (Feel free to use additional sheets)

Signature: Date:

Typed/Printed Name: Title:

Institution/Organization Name: Phone:

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Leadership						
Motivation toward a productive career						
How you would classify the student general performance?						

COMMENTS: (Feel free to use additional sheets)

Signature: Date:

Typed/Printed Name: Title:

Institution/Organization Name: Phone:

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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 Florida-Caribbean Consortium for Agriculture Education and Hispanic Workforce Development 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 Florida-Caribbean Consortium for Agriculture Education and Hispanic Workforce Development. These activities may include:
  - Conferences.
  - Trainings (inside or outside campus)
  - 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: _____

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DEMOGRAPHIC INFORMATION (OPTIONAL)

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.)

_____

_____

_____