



2023 FHLA STEM Exploration Scholarship

The 2023 STEM Exploration will feature sites in Washington and Canada. Current plans include visits to Boeing, Microsoft, Amazon, and Vancouver, British Columbia. Students selected for the scholarship will need passports.

Description of Scholarship

This scholarship will pay for food, travel, and lodging. The award is in recognition of academic and vocational achievement, demonstrated leadership in school, community or other service activities.

Applicants must have attended the Hispanic Healthcare and Technology Careers Conference.

Qualifications:

The applicant must:

- Submit a complete application packet by April 28, 2023.
- Assist in fundraisers for trip spending money
 - Obtain sponsors, car washes, sell tamales, or other fundraisers
- Be a Junior or Senior in high school
- Provide a short 1 page essay indicating why you would like to participate
- Provide an activity sheet or resume identifying activities and/or work experience
- Must have a valid passport to travel internationally
- Provide two letters of recommendation from counselors, teachers, or other professional references
- Write a 2-page testimonial upon return for the FHLA website

Processing of Applications:

- Applications are due by April 28, 2023.
- All applications will be reviewed by HHTCC Executive Committee.
- Applications will be scored based on the following criteria:
 - Quality of essay
 - Demonstrated leadership qualities
 - Involvement in service to school, community, family
 - Preference will be given to FHLA members
- All winners will be notified by mail or phone call.
- **Do not** use staples in your submission.

Complete scholarship application packets must be postmarked by, April 28, 2022, to the following address:

Future Hispanic Leaders of America

Attn: Luis Caloca

16 S Mason Creek Rd

Nampa, ID 83687

Please submit any questions to Luis Caloca at luis.caloca@gmail.com or 208.649.4294.

2023 FHLA STEM Exploration Scholarship

Application Deadline: April 28, 2023

PLEASE PRINT CLEARLY



Full Name:

Last First Middle

Address:

Street

City State Zip County

Phone Number: (_____) _____

Cell Phone: (_____) _____

E-mail Address: _____

Birth Date: ____/____/____
mm/dd/yyyy ex: 01/17/1994

Parent/Guardian: _____
Last First

Address: _____
Street

City State Zip County

Gender: ☐ Male ☐ Female

Name of High School: _____ **Year of HS Graduation:** _____

Are you an FHLA member? ☐ Yes ☐ No

If you are an FHLA officer, please identify your position: _____

Certification:

I understand and agree to the terms and conditions of applying for and receiving this scholarship. The answers given on this application are true and complete. I hereby authorize information regarding my scholarship application to be released to 3rd parties for the purpose of soliciting additional student supports. The review committee may require additional documentation to verify the completion or accuracy of this application. I certify that the information given on this application is complete and correct to the best of my knowledge.

Signature: _____ **Date:** _____