



**HWNT RGV CHAPTER LATINAS IN PROGRESS™ EDUCATION PROGRAM
2021-2022 APPLICATION**

Student Name (Last, First, Middle) _____
Date of Birth

Home Address (City, State, Zip) _____
Home Phone # _____
Student Cell #

Mailing Address (if different than above) _____
Parent/Guardian Cell # _____
Parent Work Phone #

Student's Email (be clear) _____
Father/Guardian Name (Last, First)

Mother/Guardian Name (Last, First)

School Information:

Full Name of High School: _____ School District: _____

Current Grade Level: _____ Grade Point Average: _____

Principal's Name: _____ School Phone Number _____

Counselor/Advisor's Name: _____

Personal Information:

List organizations in which you are currently a member. Indicate if you hold an office:

List any extracurricular activities that you participate in currently: _____

Do you volunteer in your community (i.e.: church, school, recreation center, etc.)? Yes ___ No ___

If yes, what do you do? _____

Do you currently work, if so how many hours? _____

List your top 3 colleges/universities that you are planning on applying to: _____

What is your career/major of interest: _____

Indicate your parent's highest level of education:

Mother _____

Father _____

You currently live with _____ Both Parents _____ Father _____ Mother _____ Other

How many children under the age of 18 live in your home? _____

Are you the first child in your family to graduate from High School? Yes No

Do you have any children? Yes No

Indicate who referred you to the LIP Education Series (include name in blank):

School Counselor: _____

Friend/Sibling or former LIP Student: _____

Parent is HWNT member: _____

Friend/Other Relative of HWNT member: _____

ESSAY**

In a separate document (please use Google Docs), provide the selection committee with an explanation of why you wish to participate in the Latinas In Progress Education Series and a description of your ability to complete the program. Any written submissions cannot exceed 1 page.

LATINAS IN PROGRESS™ EDUCATION PROGRAM CONSENT

I _____ certify that I am the Parent or Legal Guardian of, _____ the student named in this application and give permission and consent for my daughter to participate in the *Latinas in Progress*™ (LIP) Education Series. I understand that the LIP Education Series is conducted by the Hispanic Woman’s Network of Texas (HWNT), a non-profit organization, and that HWNT members and volunteers from the local community and postsecondary institutions (Community Partners) will present materials, provide information and may arrange transportation. I agree and do hereby waive and release all claims against HWNT, its members, volunteers and persons engaged in the LIP Education Series and agree to hold these individuals harmless from any and all liability relating to my daughter for any harm, illness, injury (including death) that may be suffered by my daughter or any property loss or damage that may occur.

My daughter has my permission to be photographed or recorded by HWNT Staff, Community Partner staff, and/or news media (television, newspaper, radio, magazines, Internet) in relation with the LIP Education Series for the advertising and promotion of HWNT and the LIP Education Series without further notice to me. I understand and agree that I will not receive any payment for my time or expenses or any royalty for the publication of the photograph(s,) or digital recording(s), and I hereby release HWNT and/or any parties designated by HWNT, from the payment of any such claims. I understand that photographs and/or videos may be downloaded, used, reproduced, and/or altered without consent by unknown users of the HWNT website, and that this is beyond HWNT’s control.

I also agree to hold HWNT, its officers, members and volunteers harmless from any demand, claim or cause of action directly or indirectly related to the transporting, photographing, videotaping or audio taping of my daughter for the purpose stated above and to waive all monetary or other claims that may arise as a result of her participation in the LIP Education Series.

Printed Name of Student

Printed Name of Parent or Guardian

Student Signature

Date

Parent or Guardian Signature

Date

Student Street Address

Parent’s or Guardian’s Cell Phone Number

Student City and Zip Code

Home Phone Number

2nd Emergency Contact Name

2nd Emergency Contact Phone Number

The waiver and authorization must be signed by the applicant's parent or legally authorized guardian in order for the applicant to participate in the LIP Education Series.

LATINAS IN PROGRESS™ (LIP) EDUCATION PROGRAM STUDENT AGREEMENT

I, _____, will be a high school senior in the Fall of 2021 and agree and commit to the following:

Initial Each Statement (By initialing each statement you agree to complete and provide information as a condition of acceptance to the program.)

- 1) _____ Attend all five sessions of the LIP Education Series and complete all assignments in order to remain in the program and be eligible to apply for an HWNT scholarship.
- 2) _____ Participate in the mentoring component.
- 3) _____ Provide a current email address and update the HWNT, RGV Chapter Education Chair of changes to your contact information.
- 4) _____ Respond promptly to communications by HWNT, RGV Chapter members and volunteers.
- 5) _____ Have an interest in pursuing higher education and will provide information on fall 2022 enrollment status.
- 6) _____ Complete at least ten (10) hours of community service, during my senior year.
- 7) _____ Contact the Education Chair at rgv-parliamentarian@hwnt.org with questions, comments or concerns.

***If you cannot meet these conditions, please do not apply. If you are not a high school Senior in 2021-2022, please do not apply.**

Please send the COMPLETED Application & Essay in this format: "**Applicant Full Name- LIP Application**" & "**Applicant Full Name- Essay**" (*must provide all information requested above*) by UPLOADING the documents to our official Google Drive Submission Folder: **[Click Here to Submit](#)**

The complete application and essay must be **Uploaded NO LATER THAN October 1, 2022.** Applications postmarked after this date will not be accepted. For questions regarding the application, essay or submission process, please contact Ms. Kelly Solis, HWNT-RGV Chapter Parliamentarian at rgv-parliamentarian@hwnt.org.

Accepted students will be contacted via email in late October or November.