



**2017-18 National Hispanic Recognition Program (NHRP)
Eligibility Verification Form**

Student Information:

First _____ Last _____ MI _____

****To qualify for the National Hispanic Recognition Program, applicants must be at least one-quarter Hispanic/Latino and originally from or descended from inhabitants of at least one of the following countries: Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Spain, Uruguay, or Venezuela.***

Hispanic and Latino are ethnic categories, not racial categories, and Hispanic/Latino students may be of any race.

School Official, Counselor or Teacher:

You have been asked to provide information in support of the above student's application to the National Hispanic Recognition Program. If you have any questions, please send an email to NHRP@scholarshipamerica.org. When complete, please return to the applicant.

1. Is this student graduating in 2018? Yes _____ No _____

2. Please provide the student's cumulative GPA at the mid-point of junior year. The GPA must be provided on a 4.0 scale. If the school calculates both weighted and unweighted GPAs, provide the higher of the two. Failure to provide a GPA will deem your application incomplete.

Cumulative GPA at the mid-point of the student's junior year = ____/4.00 Circle one: unweighted weighted

****GPA is required. Failure to provide GPA will deem application incomplete.***

3. Is this student of Hispanic/Latino background? Yes _____ No _____ Unsure** _____

****Please see definition of Hispanic/Latino ethnicity above.***

*****If School Official, Counselor or Teacher is unsure, parent or legal guardian will be required to complete the section below. Please bring this to the student's attention when returning the signed form.***

4. School Official, Counselor or Teacher: ***(Please Print Clearly)***

Name: _____

Title: _____

Phone: (_____) _____ - _____ Six Digit School Code: _____

E-mail: _____

Parent or Legal Guardian:

If the School Official, Counselor or Teacher is not able to answer Question 3 in the previous section, please complete and sign.

Is this student of Hispanic/Latino background? Yes _____ No _____

****Descended Country:*** _____

Parent: *(Please Print Clearly)*

Name: _____

Title: _____

Phone: (_____) _____ - _____

E-mail: _____

Signature: _____ Date: _____

***Note: This form must be uploaded with your online application**