

National Hispanic Plan Funds
Administered by GBHEM

HISPANIC COURSE OF STUDY SCHOLARSHIP APPLICATION

Instructions to student: Please fill out the top portion and sign. Then scan the full document and email it to the regional director of the ECE COS school you will be attending

Name of Student _____

Address _____

Telephone # (H) _____ (W) _____ (C) _____

E-mail Address _____

Course of Study Level: () Basic

I request scholarship support for () Tuition () Books () Lodging () Meals

Student's Signature _____ Date _____

Instructions to COS director: Please fill out the portion below, sign, and scan the full document and send to Lynn Daye at GBHEM (ldaye@gbhem.org)

Name of Course of Study Director _____

Course of Study Location _____

COS Director's Recommendation: () Recommend () Do not Recommend

If recommended, state amount requested _____

Director's Signature _____ Date _____

.....
Do not write in this section. Office use only.

Reviewed by GBHEM Course of Study Staff _____
Name

Amount Recommended _____

Amount approved by GBHEM/National Plan Lead Staff _____

Signature _____ Date Returned to GBHEM COS Staff _____

NOTE: These scholarships are based on student need. Funds cannot be applied to travel.