



**EL CENTRO DE LA RAZA  
STUDENT PROFESSIONAL DEVELOPMENT  
SCHOLARSHIP APPLICATION**

**COMPLETE AND SUBMIT THIS APPLICATION TO EL CENTRO DE LA RAZA**

Name: \_\_\_\_\_ Banner # \_\_\_\_\_ %'

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ UNM E-mail: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnic Group(s): \_\_\_\_\_

UNM Staff: Yes No Single Parent: Yes No Veteran: Yes No

Where did you hear about this scholarship? \_\_\_\_\_

Are you a past recipient of an El Centro Scholarship: Yes No If so when? \_\_\_\_\_

Applying for \_\_\_\_\_ Semester (Fall, Spring, Summer) \_\_\_\_\_ Year

New Mexico Resident Non-Resident Non-Resident (paying resident tuition) International Student

Classification: Fr Soph Jr Sr Grad Registered Credit Hours: \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_ College Major  
Field of Study: \_\_\_\_\_

**Application Requirements:**

1. Attach (2-3 pages) a description of the goals, objectives, the benefits to you/department/UNM/community, timelines, and target population. Please include answers to the following questions:  
Why is it important that you attend?  
How does attending this conference align with your academic, personal and professional goals?  
Why should El Centro support this professional development opportunity?
2. Please provide a conference agenda if available at time of Professional Development scholarship.
3. Show the budget for the professional development activity.

\* **Please Note:** Application must be submitted and approved two business weeks prior to departure. Submission includes submitting completed application and meeting with the director. A decision to approve your scholarship may take up to one week after meeting.

If awarded, recipients will be required to submit a thank you letter to El Centro de la Raza outlining the outcomes and benefits of the professional development activity no later than two weeks after travel/conference attendance.

**Return to: El Centro de la Raza**

1148 Mesa Vista Hall MSC 06 3830

1 University of New Mexico Albuquerque, NM 87131

**Contact Us:**

Telephone # 505-277-5020

Fax # 505-277-5182

**I understand that scholarship recipients are only allowed one El Centro de la Raza scholarship award, per academic year. If awarded, it may take up to two weeks to process.**

All the information on this application, and attached to this application, is true and complete to the best of my knowledge. I understand that the El Centro Scholarship will count as a resource toward my overall cost of attendance and may affect my financial aid. I do hereby consent to the release of information concerning my academic and financial status to El Centro staff. I understand my story may be anonymously used for future scholarship fundraising as well as some quotes from my thank you may be publicized on the El Centro website.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**ELCENTRO DE LA RAZA**  
**STUDENT PROFESSIONAL DEVELOPMENT FUNDING**  
**PROPOSED BUDGET**

Student Name: \_\_\_\_\_

Name of Project/Activity/Event: \_\_\_\_\_

LIST EXPENSES	AMOUNT	JUSTIFICATION (How Amount Relates to Project)
Travel (air, train, bus, automobile-gas cost)		
Hotel		
Conference Fee		
Per Diem		
Other		

Total Cost: \_\_\_\_\_

OTHER SOURCES OF FUNDING	AMOUNT

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_

<i>FOR OFFICE USE ONLY:</i>	
Director approval: _____	Date: _____
Amount: _____	Notes: _____

