



Hispanic Coalition
of Greater Waterbury, Inc.

2026

Coqui Scholarship Application

The Hispanic Coalition of Greater Waterbury, Inc.
2026 Coqui Scholarship Application

Applications can be downloaded at
www.thehispaniccoalition.org, or picked up at
The Hispanic Coalition's main office located at
135 East Liberty Street, Waterbury, CT.

DEADLINE FOR SUBMISSION OF APPLICATION:

One (1) \$1,500 and six (5) \$1000 Scholarships will be awarded. Applications and corresponding documents must be received by the Hispanic Coalition no later than 12pm Friday April 3rd, 2026. Completed applications can be mailed to: 135 East Liberty Street, Waterbury CT 06706, Subject-Coqui Scholarships, or emailed as a PDF document to: vlopez@thehispaniccoalition.org. For more information, please call, 203-754-6172.



Hispanic Coalition
of Greater Waterbury, Inc.

2026 Coqui Scholarship Application

The Hispanic Coalition of Greater Waterbury, Inc., announces the Coqui Scholarship Awards.

Application Packet

PLEASE REVIEW ALL GUIDELINES AND REQUIREMENTS BEFORE SUBMITTING APPLICATION.

IMPORTANT: *Incomplete Applications will not be considered.*

DEADLINE FOR SUBMISSION OF APPLICATION:

Application and corresponding material must be received by the Hispanic Coalition of Greater Waterbury, Inc., no later than Friday, April 3rd, 2026 at 12pm. Completed Applications can be dropped off in person or mailed to the Hispanic Coalition Main Office located at, 135 East Liberty Street, Waterbury CT, 06706. Subject- Coqui Scholarship Awards.

Criteria for Selection

The following criteria will be considered when selecting the Coqui Scholarship recipient.

- Must be of Hispanic Heritage
- Must be a resident of the City of Waterbury.
- Must be a High School Senior graduating from a Waterbury Public or Private School.
- Must be accepted and enrolled in a two-or four-year College or University or Vocational / Technical School for the 2026-2027 academic school year.
- Must submit completed application by the stated deadline.
- Must be able to attend the Coqui Scholarships Banquet and Awards Dinner.
- A history of Community Involvement is not required but it is highly desired.

Application and corresponding material must be received by the Hispanic Coalition no later than **12pm Friday, April 3, 2026**. Completed Applications can be dropped off in person or mailed to the Hispanic Coalition Main Office located at, 135 East Liberty Street, Waterbury CT, 06706. Subject- Coqui Scholarships, emailed as PDF document to: vlopez@thehispaniccoalition.org.

Application Requirements

Applicants must submit all the following information in order to be considered for the Coqui Scholarship Award.

1. Completed Coqui Scholarship Application.

Applications are available at the Hispanic Coalition Office located at 135 East Liberty Street, Waterbury, CT., or an application can be requested via mail, by calling 203-754-6172.

2. Sealed Official Transcripts from High School.

Applications must include an official and sealed copy of High School Transcripts. Transcripts can be requested from your school Counselor Office. Transcripts must be original prints and received in an official sealed envelope.

3. An Essay including Goals.

Application must include an Essay on the following topic- "Which person has been most influential in your life and explain why". The Essay should be no more than 2000 words. The Essay must include career goals as well as personal goals.

4. Letter of Acceptance.

Applications must include an official Letter of Acceptance from the College/University or Vocational School the student will be attending.

5. Letters of Recommendation.

Applications must include two (2) letters of recommendation. Letters of recommendation should be from teachers, counselors, or previous employers. Letters CAN NOT be from family members or personal friends.

The Coqui Scholarship Recipients will be selected by Friday April 10, 2026, at which time an award notice will be emailed to the selected recipients. The funds awarded will be submitted directly to the educational institution selected by the applicants.

Application Checklist

Applicants must submit all the following information to be considered for the Coqui Scholarship Award. Incomplete Applications will not be considered.

Completed Coqui Scholarship Application.

Signed Application

Sealed Official High School Transcripts.

Essay including Goals.

Letter of Acceptance.

Letters of Recommendation.

Personal Statement

Submitted Application by Deadline.

Please, write neatly.

Applicant			
Name _____			
First	MI	Last	
Address _____			
No.	Street	Apt. No.	
Waterbury	Connecticut	Date of Birth	____ / ____ / ____
City	Zip		
E-Mail Address _____			
Phone#	Cell #	Alternate #	
How did you hear about the Coqui Scholarship Awards? _____			
<input type="checkbox"/> Please check the box if you are a first generation student to attend a College or University.			

Family History			
Applicant's Place of Birth _____			
City	State	Country	
Parent / Guardian _____			
First	Last	Relationship	
Parent / Guardian _____			
First	Last	Relationship	
Alternate Phone Number / Contact Name _____			

High School Information	
High School Attended _____	
Intended Major _____	
Name of College or University (s) you have applied to or plan to attend:	
Name	State
Name	State

Community Involvement

List all School / Extracurricular Activities which you have been involved with, (example, School Clubs, Student Government, Sports, and Theater Arts.)

Activity Description	Years Involved	Highest Position Held

Agency/Volunteer Service

List any agencies or organizations in which you have participated without pay during the last three years. (Example, Religious Organizations, Hospitals, Community Agencies, etc.)

Service Description	Years Involved

Work Experience

List any and all jobs you have held within the last three years. (Example, Food server, Baby Sitting, Lawn Mowing, Office Work.)

Job Description	Position Held	Hours per week	From/ To Date

Certification and Authorization:

All of the information that I have provided in this application and in the enclosed materials and letters, to the best of my knowledge, is true and complete.

_____ (initials) I understand that the provision of false or misleading information may lead to the rescinding of a scholarship.

_____ (initials) I certify that I am currently enrolled and in good standing as a senior in high school, enrolled in or applying for full-time enrollment to a, two-or four-year, College or University or Vocational / Technical School for the 2024- 2025 academic year and am eligible to receive scholarships awarded.

Authorization for Release of Records:

I _____ hereby authorize the Hispanic Coalition of Greater Waterbury, Inc. to use any information contained in this application for the purpose of promoting and publishing the Coqui Awards and Scholarships, or as legally required or permitted by law. I understand my name and information from my academic history may be released to the scholarship selection committee.

If awarded a scholarship, I authorize the Hispanic Coalition of Greater Waterbury, Inc., to use my name, story, and picture for printed or marketing materials, reports, and press releases, without compensation. I will attend ceremonies and receptions intended as a Fund-Raiser for the Coqui Scholarship Awards.

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, Permission is hereby given to Applicant's School Officials to release the applicant's secondary school record and other requested information for consideration for the Coqui Scholarship Award.

Applicant's Signature (required) _____ Date: _____

Parent or Guardian's Signature _____ Date: _____
(Required if applicant is under 18 years of age)

(Please attach any other material and/or personal statement on a separate document)



Hispanic Coalition of Greater Waterbury, Inc.

135 East Liberty Street
Waterbury CT, 06706
203-754-6172

Coqui Scholarship Award Recommendation Form

I _____ am applying for the Coqui Scholarship Award. The agency, Hispanic Coalition of Greater Waterbury, Inc., offers scholarships to students who have shown academic excellence and strive to continue their education. Your recommendation is needed as part of the application process.

To be filled out by applicant

First Name _____ Last Name _____

Home Address _____

Waterbury CT Zip/Postal Code _____

Educational Institution I will attend next fall _____

To be filled out by the person giving the recommendation

Name _____ Title _____

Address _____

Phone # _____ Email _____

In what capacity have you known the Applicant? Student Employee
 Other (specify)

Please attach a typed recommendation of the Applicant for the Coqui Scholarship Award. This form must be included with typed recommendation. Thank you.