

MIGRANT FARMWORKER BACCALAUREATE SCHOLARSHIP

Purpose

To provide financial support to a deserving student with a history of migrating for employment in agriculture who has successfully completed one year of college. This support, up to a possible \$20,000.00, will cover expenses beyond what the youth has been able to procure in federal/state and other scholarship assistance. This scholarship is designed to assist the youth in obtaining a baccalaureate degree without being encumbered by substantial debt. The Weston T. Hyde, Oswego County Education Foundation (WTHOCEF) has agreed to administer this scholarship to offer financial assistance to migrant students who want to further their education.

Award Details

Half of the \$20,000 award will be dispersed over multiple years to support completion of the baccalaureate degree. Payments are made on a semester basis, after verification is received that the awardee is continuing forward with their education. Upon graduation with a baccalaureate degree, the recipient is then eligible for the remainder of the award to be used for paying down any student loans incurred.

Eligibility

- Recent history of movement for agricultural employment
- Scholastic achievement
- Financial need
- Successful completion of at least two full-time semesters (and no more than three) at an accredited post-secondary institution
- Registered for classes and on track to graduate with a baccalaureate degree

Application Process

All items listed below, and the completed application form (pages 2-5) must be submitted electronically or sent by mail (**postmarked by July 1, 2025**).

- Three letters of recommendation, at least one of which must be from a school, community, or educational agency representative with a personal knowledge of the applicant's character and commitment to obtaining a baccalaureate degree.
- A personal essay of at least 500 words about the applicant's background, career and personal goals, plan for obtaining a baccalaureate degree, and indicating why he/she should receive this assistance.
- A copy of the applicant's college transcript showing the most recent grades obtained.
- Financial need documentation as a copy of the most recent income tax return of the applicant or parents, a copy of school financial aid form, or loan documentation.
- Proof of Migrant Education Eligibility in the form of a letter from the applicant's former Migrant Education Program's Director verifying eligibility for migrant services during high school. The letter should include the most recent qualifying arrival date (QAD). In lieu of a letter, please submit the Migrant Education Certificate of Eligibility.

This scholarship is made available through a generous endowment from a concerned individual for the education of children of migrant farmworkers. The donor wishes to remain anonymous.

PLEASE MAKE SURE ALL ITEMS ABOVE ARE INCLUDED AT TIME OF SUBMISSION.

Electronic Submission: Send to maryanne.diaz@oneonta.edu

Files sent via email must follow [NYS Migrant Education Program \(NYS-MEP\) guidelines for secure transfer of personal information.](#)

Submission by Mail:

Attn: Mary Anne Diaz

3361 Whitney Road

Cincinnatus, NY 13040

For Questions: contact Paul Gugel | 315-963-4265 | pgugel@citiboces.org

APPLICANT

			()
Last Name	First Name	Middle Initial	Home/Cell Phone

Mailing Address	City	State	Zip	Email

Home Address (if different from mailing address) _____

Name of parent(s) or legal guardian _____

Parent/guardian occupation(s) _____

RECENT HISTORY OF MOVEMENT FOR AGRICULTURAL EMPLOYMENT

Month/year of most recent move for agricultural employment by applicant or applicant’s family: _____

Type of agricultural work done: _____

Number of years working in agriculture _____

Names of towns/states in which family or applicant has worked in agriculture during the past three years:

EDUCATIONAL INFORMATION

College or university where the applicant is currently enrolled:

	()
Name of Current College or University	Colleg/University Phone

Address	City	State	Zip

College Major	Anticipated Degree at this school: Associate or Bachelor	Anticipated Graduation Date

If different from above, identify the college or university where applicant plans to finish their baccalaureate degree:

Name of College or University	Anticipated Degree	Anticipated Graduation Date

Address	City	State	Zip

High School: Name and address of the high school applicant graduated from:

	()	
Name of School	Phone	Graduation Date

Address	City	State	Zip

Migrant Farmworker Baccalaureate Scholarship Application Form

FINANCIAL ASSISTANCE

List all financial assistance approved and/or anticipated for the upcoming academic year including assistance from scholarships, grants, work-study, PELL, loans, TAP, parents, etc.... Please itemize as specifically as possible.

Type	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Anticipated expenses for the upcoming academic year

Tuition	_____
Books	_____
Housing	_____
Meals	_____
Transportation	_____
Other (please specify)	_____

FAMILY INCOME

Check the box for your total family income.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0 - \$25,000 | \$25,001 - \$35,000 | \$35,001 - \$45,000 | \$45,001 - \$55,000 | \$55,001 + |

Migrant Farmworker Baccalaureate Scholarship Application Form

Names, ages and relationship of family members still living at home:

Special circumstances/problems that affect family finances:

REFERENCE LETTERS

Letters from three adults must be included with your application. Reference letters may not be written by the applicant, anyone under 21 years of age, or anyone related to the applicant or serving as legal guardian. At least one phone number must be included for each person. Please have each reference write a letter addressing the student's character, educational commitment, achievements, grades, etc., and supporting the need for financial assistance. Complete the following for each reference.

1.

Last Name First Name Middle Initial Daytime Phone

Mailing Address City State Zip Email

Relationship to Applicant

2.

Last Name First Name Daytime Phone

Mailing Address City State Zip Email

Relationship to Applicant

3.

Last Name First Name Daytime Phone

Mailing Address City State Zip Email

Relationship to Applicant

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APPLICANT AGREES to the use of his/her name, likeness, personal essay and information contained in this application for educational, advertising and promotional purposes for the Migrant Farmworker Baccalaureate Scholarship and migrant education programs without further compensation or notification.

The information on this form and contained in the application package is true and correct to the best of my knowledge as evidenced by the following signature.

Applicant's Signature

Date

APPLICATION CHECK LIST

- Three letters of recommendation
- A personal essay
- A copy of the applicant's college transcript
- Financial need documentation
- Proof of Migrant Education Eligibility
- This application form completed and signed