



**THE "GASTÓN FERNÁNDEZ DE LA TORRIENTE"
2024 ANNUAL SCHOLARSHIP AWARD**

This \$2,000 award is presented by The National Association of Cuban-American Educators (NACAE) to honor the memory of Dr. Gastón Fernández de la Torriente. The recipient will be a Cuban or Cuban-American student enrolled in an associate and/or baccalaureate program.

The scholarship award recipient is selected from a group of Cuban or Cuban-American students who demonstrate promise of future contributions to the Hispanic community.

Requirements for Scholarship Award

- 1. The NACAE Scholarship application form with all sections completed by the student and submitted by the deadline date.**
- 2. One letter of recommendation from an instructor/teacher, outlining the applicant's potential for future professional contributions to the Hispanic Community. (The original letter or recommendation should be submitted in a sealed envelope, signed on its flap by its author)**
- 3. A typed essay of 300-words or less, written in Spanish by the student, that reflects his/her qualifications and potential for leadership in the Hispanic Community, and states how the applicant plans to promote his/her Cuban cultural values and the Spanish Language.**
- 4. Resume including earned certificates, awards, and special honors.**
- 5. An official transcript from High School.**
- 6. Academic excellence (minimum GPA of 3.5).**
- 7. Provide estimate of educational expenses, including any other financial aid requested to start his/her college education.**

**A packet to include all of the above, should be mailed by the deadline of
February 1, 2024 to:**

**National Association of Cuban-American Educators
Scholarship Committee,
7540 S.W. 52nd Court, Miami, FL 33143**



**APPLICATION FOR
"THE GASTÓN FERNÁNDEZ DE LA TORRIENTE"
SPANISH SCHOLARSHIP AWARD**

Date _____

Name _____
Last **First** **Middle initial**

Mailing address _____
Street address **City** **State** **Zip code**

Home phone _____ **Mobil phone** _____

Work phone _____ **E-mail** _____

Birth date _____

Gender **male** **female**

Marital status **single** **married** **divorced** **widowed** **other**

Citizenship **Cuban, legal US immigrant** **USA, Cuban-American**

Number of dependents other than self _____

I acknowledge that the above information on this scholarship award application is correct, and any discrepancies will be grounds for its rejection.

Signature of applicant

Date



ASOCIACIÓN NACIONAL DE EDUCADORES CUBANO-AMERICANOS (NACAE)

FORMULARIO DE INSCRIPCIÓN O RENOVACIÓN

Nuevo miembro (referido por) _____
 Renovación

Nombre: _____
(nombre) (Inicial) (Apellido)

Dirección de la casa: Calle y número _____

Ciudad _____ Estado _____ Zip code _____

Teléfono (casa) _____ (celular) _____

Correo electrónico _____

Cuota anual: (marque una):

activo personal \$30.00 (1) activos marido y mujer \$40.00 (2)
 jubilado \$25.00 (3) jubilados marido y mujer \$30.00 (4)
 patrocinador \$100.00 o más (5)

Enviar por correo este formulario con su cheque pagadero a NACAE a:
NACAE
c/o Eduardo Zayas-Bazán
7540 SW 52nd Court
Miami, FL 33143