

DAREN M. HIDALGO SCHOLARSHIP APPLICATION

INSTRUCTIONS: Fill in all blanks below. Type or print clearly. If using Word to complete your application, please use Time New Roman size 12 font.

NAME: _____
(Last) (First) (Middle)

PERMANENT ADDRESS: _____
(Street)

(City) (State) (Zip)

CURRENT ADDRESS: (If different than above)

(Street)

(City) (State) (Zip)

TELEPHONE NUMBER: _____ DATE OF BIRTH: _____
(Area Code & Number) (mm/dd/yyyy)

EMAIL ADDRESS: _____

CITIZENSHIP: _____

ACTIVITIES: (Explain why you chose specific school activities)

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LEADERSHIP: (List any leadership positions that you have held in or out of high school and provide examples of how you have demonstrated leadership)

AWARDS: (List any special honors and/or awards that you have received in the last three years both in and out of high school)

WORK EXPERIENCE: (Describe your most recent work experience)

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CAREER ASPIRATIONS: (Describe your career plans and how you will contribute to society)

DAREN M. HIDALGO LEGACY: (Describe the traits that you have in common with Daren)

Please attach your high school transcript, and two recommendation letters from either a teacher, coach, principal, guidance counselor, or employer to this application. The recommendation letters can be sent separately but must arrive by March 31, 2026.

I have read and understand the application, awards criteria and process to determine a scholarship recipient. I agree that the information provided on this application is true and correct.

SIGNATURE: _____ **DATE:** _____
(Student)

Note: Application must be received by March 31, 2026 to be considered for the scholarship award. Please send the application along with required attachments to the following address:

Daren M. Hidalgo Memorial Fund
1 Lake Shore Ct.
Pinehurst, NC 28374-8898
Email: tribute2daren@gmail.com

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RECOMMENDATION LETTER

PART A: (To be completed by Applicant)

NAME: _____
(Last) (First) (Middle)

CURRENT ADDRESS:

(Street)

(City) (State) (Zip)

TELEPHONE NUMBER: _____
(Area Code & Number)

PART B: (To be completed by a teacher, coach, principal, guidance counselor, or employer)

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street)

(City) (State) (Zip)

TELEPHONE NUMBER: _____ POSITION: _____
(Area Code & Number)

EMAIL ADDRESS: _____

1. How long have you known the applicant? _____

2. What is the applicant's involvement in school activities or work?

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3. Discuss the integrity and character of the applicant.

4. How is the applicant viewed by his/her instructors or employer?

5. How is the applicant viewed by his/her fellow students or co-workers?

6. Discuss the applicant's leadership traits and provide examples.

7. Other Comments

SIGNATURE: _____ **DATE:** _____

The completed Recommendation Form should be received by March 31, 2026 to be considered for the scholarship award. Send to:

Daren M. Hidalgo Memorial Fund
1 Lake Shore Ct.
Pinehurst, NC 28374-8898
Email: tribute2daren@gmail.com