



Pittsburgh Metropolitan Area Hispanic Chamber of Commerce Foundation

E-Mail: scholarships@pmahcc.org • Fax: (412) 255-3701

The PMAHCC Foundation Scholarship Program accepts applications for the annual scholarship program from **January 1 until April 30** for the scholastic year starting in the fall. This form will serve as an application. Students must respond to all PMAHCCF requests for verification and transcripts in order to be eligible.

Grant amounts are evaluated for each applicant depending on individual need or merit; and the foundation available funds. Not all applicants will be selected as recipients.

QUALIFICATIONS

To be eligible to apply to the scholarship program, applicants must:

- Currently attend, enrolled in or accepted into in an accredited post-high school educational institution** including 2 or 4 year college or university or vocational, technical or trade school in the United States or its territories
- Currently reside or have certain and established plans to reside in one of the following counties: Allegheny, Armstrong, Beaver, Butler, Fayette, Westmoreland or Washington County
- Demonstrate unmet financial need of at least \$1,000 after the financial aid award package has been determined
- Have at least one parent of Hispanic ancestry (at least one of applicant's grandparents must be Hispanic)
- Have a minimum cumulative grade point average of 3.0
- Enroll as a full-time student
- Community involvement is preferred

** Approved accredited institutions are defined as Title IV eligible, accredited, postsecondary two- or four-year colleges or universities, vocational, or technical schools in the United States.

AWARD

- Recipients of the Scholarship will be awarded one grant ranging from \$1,000 to \$2,000, payable directly to the school the recipient is currently enrolled in or has been accepted to.
- Qualified candidates, including past recipient awardees, may re-apply every year, provided applicants meet the requirements described above. Awards are not renewable.

APPLICATION

Applicants must complete the application, along with the following required documentation, and deliver all documents and materials to the PMAHCCF via electronic or regular mail (described in detail below), **by April 30** of each year. Applications received after the deadline (April 30) will not be considered or accepted. In addition to a completed application form, applicants must provide the following:

1. **CURRENT, COMPLETE TRANSCRIPT OF GRADES ANY ONE OF THE FOLLOWING:**

- Official or unofficial transcript; or Student-generated online transcript of grades that includes the student and school's name. Grade reports are NOT accepted.
- GED Test score results

2. **TYPE AN ESSAY OF NO MORE THAN 300 WORDS ANSWERING THE FOLLOWING TWO QUESTIONS:**

- How has your family background affected the way you see the world?
- How do you think your education will contribute to who you are in the future?

APPLICATION DEADLINE INFORMATION

All application documents and information **MUST be received by April 30** of every year in which the applicant is applying. For more submission information and details, please refer to the addresses listed below in page 2.

All information received is confidential and is reviewed only by authorized PMAHCCF personnel. The PMAHCCF's Scholarship Selection Committee selects the recipient of the Scholarship after assessing each application received. All decisions are final.

NOTIFICATION OF AWARDS

THE SELECTED RECIPIENT OF THE SCHOLARSHIP WILL BE NOTIFIED BEFORE AUGUST 1.

PMAHCCF WILL NOTIFY GRANT RECIPIENT AT THE HOME AND/OR E-MAIL ADDRESS PROVIDED IN THE APPLICATION.

IF THE RECIPIENT DOES NOT RESPOND TO REQUESTS FOR VERIFICATION OF INFORMATION, OR ANY OTHER CORRESPONDENCE FROM THE PMAHCCF, AFTER TWO NOTIFICATION E-MAILS/LETTERS FROM PMAHCCF, THE SELECTED RECIPIENT WILL FORFEIT THE AWARD TO AN ALTERNATE RECIPIENT.

IF YOU PLAN ON LIMITING YOUR AVAILABILITY FOR ANY REASON DURING THIS RELEVANT TIME PERIOD, PLEASE NOTIFY THE PMAHCCF.

AWARD PAYMENT PROCESS

The Scholarship award is payable directly to the educational institution on which the recipient is enrolled in or accepted into, and such payment will be made at the beginning of the Fall Semester.

OBLIGATIONS OF RECIPIENT

Recipient agrees to have her/his name disclosed as the recipient of the PMAHCCF's Scholarship to the media, including, but not limited to, newspapers, Facebook, Twitter, other social media, PMAHCCF's website, founders and sponsors, or any other means of communication.

REVISIONS

PMAHCCF reserves the right to review the conditions and procedures in connection with the Scholarship and to make changes at any time, including, but not limited to termination of the Scholarship.

QUESTIONS, ADDITIONAL INFORMATION

Questions or additional information regarding PMAHCCF Scholarship Program should be addressed to:

PMAHCCF Scholarship Program

E-Mail: scholarships@pmahcc.org

Webpage: <http://pmahcc.org>

Complete application, along with the required documentation, all documents and materials must be delivered to the PMAHCCF via E-mail, Fax or Regular Mail (described below), by April 30 of each year.

Applications received after the deadline (April 30) will not be considered or accepted.

E-MAIL YOUR COMPLETED APPLICATION TO: scholarships@pmahcc.org

OR FAX YOUR COMPLETED APPLICATION TO: 412-255-3701

OR MAIL YOUR COMPLETED APPLICATION TO:

PMAHCCF Scholarship Program

One Oxford Center

301 Grant St Ste 4300

Pittsburgh PA 15219

**IF MAILING YOUR APPLICATION, PLEASE SEND IT VIA REGULAR MAIL.
WE DO NOT RECEIVE CERTIFIED OR FEDEX MAIL AT OUR VIRTUAL OFFICE.**

PITTSBURGH METROPOLITAN AREA HISPANIC CHAMBER OF COMMERCE FOUNDATION
2019 STUDENT SCHOLARSHIP APPLICATION

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

APPLICATION DEADLINE APRIL 30

A. About You

**APPLICANT
DATA**

FIRST NAME _____ MI _____ LAST NAME _____

MAILING ADDRESS, WHERE YOU RECEIVE YOUR REGULAR MAIL

STREET AND NUMBER _____

CITY _____ COUNTY _____

STATE _____ ZIP CODE _____

BEST TELEPHONE TO CONTACT YOU _____

BEST EMAIL ADDRESS TO CONTACT YOU _____

DATE OF BIRTH (MM/DD/YYYY) _____

PLEASE INDICATE YOUR GENDER (FOR STATISTICAL PURPOSES ONLY) MALE FEMALE

ARE YOU THE FIRST MEMBER OF YOUR FAMILY TO ATTEND COLLEGE? YES NO

HAVE YOU FILED FOR A PMAHCCF GRANT PRIOR TO THIS YEAR? YES, IN (YEAR) _____ NO

HAVE YOU COMPLETED THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) YES, DATE FILED _____ NO

ARE YOU AN INDEPENDENT STUDENT (I.E. SELF SUPPORTING)? YES NO

IF YES, HOW MANY DEPENDENTS? _____

HIGH SCHOOL YOU ATTEND OR ATTENDED: _____

**HISPANIC
ANCESTRY**

ARE YOU, YOUR PARENT(S) OR GRANDPARENT(S) HISPANIC? WHICH NATIONALITY? PLEASE ELABORATE

ARE YOU FLUENT IN SPANISH? YES NO READ? YES NO WRITE? YES NO

**PARENTAL
DATA**

DO YOU LIVE WITH BOTH PARENTS? YES NO

NUMBER IN HOUSEHOLD (INCLUDING APPLICANT/PARENTS/SIBLINGS/CHILDREN) _____

NAME OF PARENT/GUARDIAN, IF UNDER 18 YEARS OLD _____

BEST TELEPHONE TO CONTACT YOUR PARENT/GUARDIAN _____

BEST EMAIL ADDRESS TO CONTACT YOUR PARENT/GUARDIAN _____

INCOME

PLEASE PROVIDE HOUSEHOLD ANNUAL INCOME AS REPORTED ON THE IRS TAX RETURN.

\$ _____ (PLEASE DO NOT LEAVE BLANK)

B. Your Schooling

Name: _____

HIGH SCHOOL OR EDUCATIONAL INSTITUTION YOU ARE ATTENDING NOW

GRADUATION YEAR _____ OR GED

WHAT IS YOUR CUMULATIVE GPA? _____ ON A SCALE OF: _____

NAME OF THE EDUCATIONAL INSTITUTION YOU WILL BE ATTENDING THIS FALL:

IS THIS A: 4 YR. COLLEGE OR UNIVERSITY 2 YR. COMMUNITY OR JUNIOR COLLEGE VOCATIONAL/TECHNICAL SCHOOL

WILL YOU BE ENROLLED AS A: FULL-TIME STUDENT PART-TIME STUDENT

WHAT IS YOUR INTENDED MAJOR(S)? _____

WHEN DO YOU EXPECT TO GRADUATE? YEAR _____

YEAR IN SCHOOL THIS COMING FALL: (CIRCLE ONE) 1 2 3 4 5 OR GRADUATE

C. Your Aspirations

PLEASE LIMIT YOUR RESPONSES TO THE SPACE PROVIDED

INDICATE IN WHICH AREA(S) YOU ARE CONSIDERING MAKING YOUR CAREER. TELL US BRIEFLY ABOUT YOUR PROFESSIONAL ASPIRATIONS &/OR YOUR CAREER GOALS.

HONESTY CERTIFICATION AND AUTHORIZATION

Student Name: _____

I acknowledge decisions of PMAHCCF concerning the scholarship application and recipient selection process are final and not subject to any form of appeal. I certify that I meet the basic eligibility requirements of the program and the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in the termination of any scholarship I am granted.

I also authorize the Financial Aid office of my school to release to PMAHCCF information on my financial aid status, and I authorize the Pennsylvania Higher Education Assistance Agency to release information contained on any financial aid application filed with PHEAA. This information will remain confidential.

Name of Educational Institution you will be attending this Fall and the FINANCIAL AID OFFICE (FAO)
Address, Phone, Fax and e-mail:

Educational Institution: _____

Financial Aid Office Address: _____

FAO Phone: _____ FAO Fax: _____

FAO E-Mail: _____

Student's Signature _____ Date _____

Parent's Signature (If Applicant Is Under 18) _____ Date _____

Please verify the items, which you should have enclosed with this application. Only those applicants who have submitted all the items listed below will be considered for a scholarship award.

- COMPLETED AND SIGNED APPLICATION FORM.**
- TYPED ESSAY OF NO MORE THAN 300 WORDS.**
- CURRENT, COMPLETE TRANSCRIPT OF GRADES**

Applications must be in our e-mail inbox or at the virtual office on or before April 30. Incomplete or late applications will not be considered. (Late=received after April 30)

E-MAIL YOUR COMPLETED APPLICATION TO: scholarships@pmahcc.org

OR FAX YOUR COMPLETED APPLICATION TO: 412-255-3701

OR MAIL YOUR COMPLETED APPLICATION TO:

PMAHCCF Scholarship Program

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