



Pittsburgh Metropolitan Area **Hispanic Chamber** of Commerce Foundation

E-Mail: [scholarships@pmahcc.org](mailto: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 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](mailto:scholarships@pmahcc.org)

Webpage: <http://pmahcc.org>

**E-MAIL YOUR COMPLETED APPLICATION TO: [scholarships@pmahcc.org](mailto:scholarships@pmahcc.org)  
OR FAX YOUR APPLICATION TO: 412-255-3701**

**You may also mail your completed application to:  
PMAHCCF Scholarship Program  
One Oxford Center  
301 Grant St Ste 4300  
Pittsburgh PA 15219**

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

**PITTSBURGH METROPOLITAN AREA HISPANIC CHAMBER OF COMMERCE FOUNDATION**  
**2018 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**

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GRADUATION YEAR \_\_\_\_\_ OR  GED

WHAT IS YOUR CUMULATIVE GPA? \_\_\_\_\_ ON A SCALE OF: \_\_\_\_\_

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

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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

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## 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 \_\_\_\_\_

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

**E-MAIL YOUR COMPLETED APPLICATION TO: [scholarships@pmahcc.org](mailto:scholarships@pmahcc.org)  
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