



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

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

The Pittsburgh Metropolitan Area Hispanic Chamber of Commerce Foundation Rob Vega Memorial Scholarship accepts applications for the annual Rob Vega Memorial Scholarship 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.

The Rob Vega Memorial Scholarship will be awarded to one Law School Student who embodies the same Academic, Familial and Civic qualities that Rob did.

CRITERIA

To be eligible to apply for the Rob Vega Memorial Scholarship, applicants must:

- Currently attend, enrolled in or accepted into an accredited law school. Preference will be given to students who are currently attending, enrolled in or accepted into law schools in the state of Pennsylvania.
- 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
- Have at least one parent of Hispanic ancestry (at least one of applicant's grandparents must be Hispanic);
- Students entering Law School must have an undergrad cumulative grade point average of 3.2 or higher.
- Current Law School Students must have a cumulative grade point average of 3.0 or higher.
- Ideal candidates will demonstrate and express a commitment to furthering interests of the Latino community in the City of Pittsburgh and will plan on residing in the Pittsburgh area to effectuate the type of impactful change in the community that would honor Rob Vega legacy.
- Students must embody the same Academic, Familial and Civic principles that Rob Vega lived by.

AWARD

- **The recipient of the Rob Vega Memorial Scholarship will be awarded one \$5,000 grant, payable directly to the law 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, fax 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, and Verified Transcripts for undergraduate and, if applicable, law school studies.**
2. **An essay consisting of no more than 500 words covering the following two points:**
 - How has your Latino/Hispanic background affected the way you see the world and your place in it?
 - How will your legal education enable you to contribute to the Latino/Hispanic community in the City of Pittsburgh?

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 Rob Vega Memorial Scholarship after assessing each application received. All decisions are final.

NOTIFICATION OF AWARDS

THE SELECTED RECIPIENT OF THE ROB VEGA MEMORIAL 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 Rob Vega Memorial Scholarship award is payable directly to the law school 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 Rob Vega Memorial 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 Rob Vega Memorial Scholarship and to make changes at any time, including, but not limited to termination of the Rob Vega Memorial Scholarship.

QUESTIONS, ADDITIONAL INFORMATION

Questions regarding the PMAHCCF's Rob Vega Memorial Scholarship must be addressed to:

PMAHCCF Rob Vega Memorial Scholarship

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 dateline (April 30) will not be considered or accepted.

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

OR FAX YOUR 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

**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
2019 ROB VEGA MEMORIAL SCHOLARSHIP APPLICATION**

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

APPLICATION DEADLINE **APRIL 30**

A. Applicant Information

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

B. Applicant Undergraduate Educational History

NAME OF THE UNDERGRADUATE EDUCATIONAL INSTITUTION YOU ATTENDED OR ARE ATTENDING:

WHAT IS/WAS YOUR MAJOR(S)? _____

WHEN DO YOU EXPECT TO/DID GRADUATE? YEAR _____

CONTINUE: LAW SCHOOL PROGRAM AND ACTIVITIES

NAME: _____

PLEASE LIMIT YOUR RESPONSES TO THE SPACE PROVIDED

2. LIST EXTRACURRICULAR ACTIVITIES, ANY OFFICES HELD, AND HONORS OR AWARDS YOU HAVE RECEIVED INCLUDING, BUT NOT LIMITED TO, LAW REVIEW, ANY JOURNAL MEMBERSHIPS, MOOT COURT PARTICIPATION, TRIAL ADVOCACY PARTICIPATION, STUDENT BAR ASSOCIATION MEMBERSHIPS, OR ANY TEACHING/RESEARCH ASSISTANTSHIPS:

3. DESCRIBE ANY EMPLOYMENT YOU HAVE UNDERTAKEN WHILE IN LAW SCHOOL:

IF YOU WOULD LIKE TO STATE ANYTHING ELSE OR COMMUNICATE ANY OTHER MESSAGE TO THE PMAHCCF, PLEASE DO SO BELOW (NOT MANDATORY):

HONESTY CERTIFICATION AND AUTHORIZATION

Student Name: _____

I acknowledge that decisions of PMAHCCF concerning the Rob Vega Memorial 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. I understand that 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 _____