



Pittsburgh Metropolitan Area Hispanic Chamber of Commerce Foundation

One Oxford Center • 301 Grant St Ste 4300 • Pittsburgh PA 15219
E-Mail: scholarships@pmahcc.org • Fax: (412) 255-3701

The PMAHCC Foundation Scholarship Program accepts applications 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. Transcripts and verification of need must come from the school directly.

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 program, the student must:

- Be attending or accepted 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
- 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, and
- 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

- **Awards range from \$1,000 to \$2,000**
- Students may reapply to the program each year they meet eligibility requirements by responding to the requests for verification from PMAHCCF
- Awards are not renewable, Students can re-apply each year as long as they meet all the eligibility requirements and can confirm enrollment.

APPLICATION

Interested students must **COMPLETE THE APPLICATION FORM** and mail it along with the following required documents:

- CURRENT, COMPLETE TRANSCRIPT OF GRADES – ANY ONE OF THE FOLLOWING:**
 - Official transcript of grades
 - Unofficial transcript that includes the student and school's name
 - Student-generated online transcript that includes student and school's name (Grade Reports are **NOT** acceptable)
 - GED Test score results
- Type an essay of not more than 300 words discussing your ideal professional goals and how achieving those will impact the Hispanic community; or how your education has contributed to who you are today or who you will be in the future.

Deadline: The application and all required supporting documents *MUST* be mailed *IN ONE ENVELOPE* and *MUST be at the PMAHCCF office* by APRIL 30. Applications received after April 30 will not be considered.

All information received is considered confidential and is reviewed only by PMAHCCF.

SELECTION OF RECIPIENTS

Grant recipients are selected on the basis of all eligibility criteria and demonstrated unmet financial need or merit. Selection of recipients is made by PMAHCCF Scholarship Selection Committee.

NOTIFICATION OF AWARDS

Applicants will be notified **by the last week in July.**

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

RECIPIENTS WHO DO NOT RESPOND TO REQUESTS FOR VERIFICATION INFORMATION AFTER TWO NOTIFICATION E-MAILS/LETTERS FROM PMAHCCF, WILL FORFEIT THEIR AWARD TO AN ALTERNATE RECIPIENT.

NOTIFY PMAHCCF IMMEDIATELY IF YOU MOVE OR GO ON VACATION. SEND US AN E-MAIL WITH AN E-MAIL OR PHONE NUMBER WHERE WE CAN REACH YOU.

PAYMENT OF GRANTS TO RECIPIENTS' SCHOOL

Payment is made at the beginning of the Fall Semester. The check is mailed to each recipient's school directly and is made payable to the school for the student.

OBLIGATIONS OF RECIPIENTS

Recipients agree to have their names disclosed as the recipient of PMAHCCF grant to the media, including but not limited to newspapers, Facebook, Twitter, other social media, PMAHCC's website, funders and sponsors.

REVISIONS

PMAHCCF reserves the right to review the conditions and procedures of this grant program and to make changes at any time including termination of the program.

QUESTIONS, ADDITIONAL INFORMATION

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

PMAHCCF Scholarship Program

One Oxford Center
301 Grant St Ste 4300
Pittsburgh PA 15219

E-Mail: scholarships@pmahcc.org

Webpage: <http://pmahcc.org>

**Mail 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.**

**YOU MAY ALSO E-MAIL YOUR APPLICATION: scholarships@pmahcc.org
OR FAX YOUR APPLICATION: 412-255-3701**

PITTSBURGH METROPOLITAN AREA HISPANIC CHAMBER OF COMMERCE FOUNDATION
2017 STUDENT SCHOLARSHIP APPLICATION

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

APPLICATION POSTMARK DEADLINE **APRIL 30**

A. About You

APPLICANT DATA

LAST NAME _____ FIRST NAME _____ MI _____

PERMANENT RESIDENCE: Permanent residence is established by at least two of the following: home address for school registration; place of registration to vote; family's primary residence.

STREET AND NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS IF DIFFERENT FROM PERMANENT ADDRESS (GRANTEES WILL RECEIVE NOTIFICATION BY MAIL.)

STREET AND NUMBER _____

CITY _____ 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 MARRIED? YES NO

ARE YOU AN INDEPENDENT STUDENT (I.E. SELF SUPPORTING)? YES NO (**GO TO NEXT SECTION**)

IF YES, HOW MANY DEPENDENTS? _____ (**SKIP NEXT SECTION**)

HIGH SCHOOL YOU ATTEND OR ATTENDED: _____

HISPANIC ANCESTRY

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

PARENTAL DATA

DO YOU LIVE WITH BOTH PARENTS? YES NO

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

NAME OF PARENT/GUARDIAN _____

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

TELL US ABOUT YOUR PROFESSIONAL ASPIRATIONS &/OR YOUR CAREER GOALS. WHAT ISSUES, NEEDS OR PROBLEMS DO YOU HOPE TO ADDRESS? INDICATE IN WHICH AREA(S) YOU ARE CONSIDERING MAKING YOUR CAREER AND TELL US HOW YOUR ACADEMIC PROGRAM AND YOUR OVERALL EDUCATIONAL PLANS WILL ASSIST YOU IN ACHIEVING YOUR GOALS.

Student Name: _____ **CERTIFICATION/AUTHORIZATION**

I acknowledge decisions of PMAHCCF are final. 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 check 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 NOT MORE THAN 300 WORDS DISCUSSING YOUR IDEAL PROFESSIONAL GOALS AND HOW ACHIEVING THOSE WILL IMPACT THE HISPANIC COMMUNITY; OR HOW YOUR EDUCATION HAS CONTRIBUTED TO WHO YOU ARE TODAY OR WHO YOU WILL BE IN THE FUTURE.**
- CURRENT, COMPLETE TRANSCRIPT OF GRADES – ANY ONE OF THE FOLLOWING:**
 - Official transcript of grades
 - Unofficial transcript that includes the student and school's name
 - Student-generated online transcript that includes student and school's name (Grade Reports are **NOT** acceptable)
 - GED Test score results

▶ **INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED. (Late=Received after April 30)**

▶ **APPLICATIONS MUST BE RECEIVED (BE AT OUR OFFICE) BY April 30.**

**Mail completed application to:
PMAHCCF Scholarship Program
One Oxford Center, 301 Grant St Ste 4300, Pittsburgh PA 15219**

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