



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 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 established plans to reside in one of the following counties: Allegheny, Armstrong, Beaver, Butler, Fayette, Westmoreland or Washington County
- Have at least one parent or grandparent of Hispanic ancestry
- Have a minimum cumulative grade point average of 3.0
- Enroll as a full-time student
- Community involvement is require

** 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 of up to \$1,000, 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, if they meet the requirements described above. Awards are not renewable.

APPLICATION DOCUMENTATION

1. **COMPLETED APPLICATION FORM**
2. **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
3. **TYPE AN ESSAY OF NO MORE THAN 500 WORDS ANSWERING THE FOLLOWING PROMPT:**
 - First tell us about yourself, and then explain how this scholarship will help you achieve a brighter future.

APPLICATION DEADLINE INFORMATION

Completed application form, along with the transcripts and the essay—all documents and materials, **MUST be received by April 30** via electronic mail, fax or regular mail (described in detail on page 2). Applications received after the deadline (April 30) will not be considered or accepted.

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 RECIPIENTS OF THE SCHOLARSHIP WILL BE NOTIFIED BEFORE AUGUST 1.

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

IF AFTER TWO (2) NOTIFICATION E-MAILS/LETTERS FROM PMAHCCF THE RECIPIENT DOES NOT RESPOND TO REQUESTS FOR VERIFICATION OF INFORMATION, THE SELECTED STUDENT 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

Complete application form, along with the transcripts and the essay—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 MAIL YOUR COMPLETED APPLICATION TO:

**PMAHCCF Scholarship Program
1555 Broadway Ave 2nd Floor
Pittsburgh PA 15216**

**IF MAILING YOUR APPLICATION, PLEASE SEND IT VIA REGULAR MAIL, AND SEND AN EMAIL TO LET US KNOW YOU HAVE SENT YOUR COMPLETED APPLICATION
WE DO NOT RECEIVE CERTIFIED OR FEDEX MAIL AT OUR VIRTUAL OFFICE.**

PITTSBURGH METROPOLITAN AREA HISPANIC CHAMBER OF COMMERCE FOUNDATION
2024 STUDENT SCHOLARSHIP APPLICATION

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

APPLICATION DEADLINE **APRIL 30**

A. About You

APPLICANT DATA

FIRST NAME _____ M I _____ LAST NAME _____

MALING ADDRESS 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) _____

INDICATE YOUR GENDER IDENTITY OR PREFERED PRONOUN (STATISTICAL PURPOSES ONLY) _____

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

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

BEST TELEPHONE TO CONTACT YOUR PARENT/GUARDIAN _____

BEST EMAIL ADDRESS TO CONTACT YOUR PARENT/GUARDIAN _____

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

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

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

FINANCIAL DATA

ARE YOU AN INDEPENDENT STUDENT WHO SUPPORTS YOURSELF? YES NO

IF YES: HOW MANY DEPENDENTS YOU SUPPORT, INCLUDING YOURSELF? _____

WHAT IS YOUR PERSONAL ANNUAL INCOME AS REPORTED IN YOUR IRS RETURN: _____

IF NOT: DO YOU LIVE WITH YOUR FAMILY/ PARENT(S)? YES NO

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

WHAT IS THE FAMILY ANNUAL INCOME AS REPORTED TO THE IRS TAX RETURN: _____

B. Your Schooling

Name: _____

ATTENDING NOW

NAME OF THE HIGH SCHOOL OR EDUCATIONAL INSTITUTION YOU ARE **ATTENDING NOW**

GRADUATION YEAR _____ OR GED

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

ATTENDING THIS FALL

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

GRADUATE STUDENT

IF YOU ARE A COLLEGE GRADUATE STUDENT GOING FOR A MASTER OR DOCTORAL DEGREE, PLEASE INCLUDE A COPY OF YOUR MOST RECENT CV.

C. Your Programs and Activities

PLEASE LIMIT YOUR RESPONSES TO THE SPACE PROVIDED

1. LIST ANY OFFICES HELD, AND HONORS OR AWARDS YOU HAVE RECEIVED DURING YOUR HIGH SCHOOL AND/OR COLLEGE EDUCATION.

2. ARE YOU, AT PRESENT, THE RECIPIENT OF ANY SCHOLARSHIPS OR THE BENEFICIARY OF ANY OTHER FINANCIAL AID? IF SO, PLEASE SPECIFY NAME AND AMOUNT OF THE SCHOLARSHIP

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 500 WORDS.**
- CURRENT, COMPLETE TRANSCRIPT OF GRADES**
- IF YOU ARE A COLLEGE GRADUATE STUDENT GOING FOR A MASTER OR DOCTORAL DEGREE, A COPY OF YOUR MOST RECENT CV.**

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 MAIL YOUR COMPLETED APPLICATION TO (AND FOLLOW UP WITH AN EMAIL):
PMAHCCF Scholarship Program
1555 Broadway Ave 2nd Floor
Pittsburgh PA 15216**

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