



Pittsburgh Metropolitan Area Hispanic Chamber of Commerce Foundation
E-Mail: scholarships@pmahcc.org

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 required

** 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:
 - Tell us about yourself and your Hispanic background, and then explain how this scholarship and background 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.

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 _____ 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: _____

C. Your Programs and Activities

Name: _____

PLEASE LIMIT YOUR RESPONSES TO THE SPACE PROVIDED

3. DESCRIBE ANY EMPLOYMENT (AFTER-SCHOOL, SUMMER, COLLEGE CO-OP) YOU HAVE HAD DURING THE PAST TWO YEARS.

4. DESCRIBE ANY COMMUNITY-RELATED ACTIVITIES AND/OR EXTRACURRICULAR ACTIVITIES IN WHICH YOU PARTICIPATED AND YOUR ROLE IN THEM. INDICATE FOR HOW LONG AND HOW MANY HOURS A MONTH YOU HAVE DEDICATED TO EACH ACTIVITY.

5. Your Property Address: _____

5. WHAT ADDITIONAL INFORMATION (NOT ALREADY ADDRESSED IN THE APPLICATION) DO YOU WISH TO SHARE WITH THE SCHOLARSHIP REVIEW COMMITTEE.

6. Describe any other information that you wish to share with the committee that is not covered in the other sections of the application.