



York County Hispanic Coalition

P.O. Box 722 ▪ York, PA 17405

SCHOLARSHIP APPLICATION FOR AN UNDERGRADUATE PROGRAM

Congratulations on your goal of acquiring an education beyond High School! The York County Hispanic Coalition's scholarship program may be able to help you achieve your goal of pursuing an undergraduate degree at an institution of higher education.

Please follow the guidelines indicated below. If you have any additional questions please do not hesitate to contact:

Elodia Barajas School District of the City of York (717) 600-6365 yorkchc@gmail.com

Applications must be postmarked by **March 24, 2017** and should be mailed to:

**York County Hispanic Coalition
P.O. Box 722
York, PA 17405**

GUIDELINES

- 1) Scholarships are awarded to students entering their first year of post secondary education in Fall 2017. Each scholarship is valued at \$500 for a 2 year program or \$1,000 for a 4 year program; it can be used for tuition only.
- 2) Applicants must be of Hispanic/Latino heritage.
- 3) Applicants must be high school seniors enrolled in a York County high school or non-traditional student with appropriate proof of high school or GED completion.
- 4) Applicants must complete all sections of the scholarship application. Only completed applications received by the due date will be considered.
- 5) Applicants must attach a letter of acceptance from the post secondary institute of education you will be attending in Fall 2017. Scholarships will be awarded only to students who will be enrolling in Fall 2017.
- 6) Please attach a transcript from your high school.
- 7) Please attach two essays in response to the questions provided. They may be written in Spanish or English.
- 8) Applicants must also attach two letters of recommendation from non-relatives (e.g. teachers, employers, guidance counselors, youth group advisors, clergy).
- 9) An interview will be conducted with finalists for the scholarship. You will be notified by telephone or by e-mail to schedule an interview with the scholarship committee if you are selected as a finalist.
- 10) Recipients may receive a scholarship only for their freshman year. Recipients of a scholarship will be invited to a Scholarship Breakfast in the spring of 2017.

¡BUENA SUERTE!



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SCHOLARSHIP APPLICATION

INCOMPLETE APPLICATIONS CAN NOT BE CONSIDERED

PLEASE REVIEW WITH YOUR GUIDANCE COUNSELOR BEFORE SUBMITTING

Deadline: March 24, 2017

STUDENT INFORMATION

Student's Name _____

Home Address _____

Telephone _____ Date of Birth _____

Student's Email Address _____

Place of Birth _____ Soc. Sec. # _____

Current High School _____ GPA _____

Mother's Name _____ Place of Birth _____

Father's Name _____ Place of Birth _____

Number in Household _____ Number in College _____

Please indicate which competency best describes your knowledge of Spanish:

- I can speak, read and write Spanish fluently.
- I can speak, read and write Spanish at a basic level.
- I can speak Spanish at a basic level but cannot read it or write it.
- I cannot speak, read or write in Spanish.

Please list any extra-curricular activities you are involved in or any special interests you have:

ACADEMIC INFORMATION

College you plan to attend _____

Undergraduate Major _____

Annual Tuition and Fees _____

FINANCIAL INFORMATION

Yearly Family Income _____ Yearly Student Income _____

Please list any other sources of financial aid you have applied for:

We strongly encourage you to complete your FAFSA form. <http://www.fafsa.ed.gov>

WRITTEN REQUIREMENT

You must attach a one-page essay (no longer than 500 words) for each question. You need to answer only two of the four questions listed below. You may write your responses in Spanish or English.

- 1) Describe how your Hispanic/Latino heritage has influenced your life.
- 2) In addition to obtaining a college education, what else would you like to accomplish in your life and why?
- 3) If you could give some advice to a student in middle school about how to prepare for and succeed in high school what would you tell them and why?
- 4) Tell us about a song, work of art, book, movie, community program, or scientific achievement created or performed by a Hispanic/Latino (a) that makes you feel proud of your Hispanic/Latino heritage.

INTERVIEW REQUIREMENT

In addition to submitting this application, if you are selected as a finalist, you will need to complete an interview with members of the York County Hispanic Coalition.

SIGNATURE AND AUTHORIZATION

I certify that the information given by me in this application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of fact is sufficient grounds for my disqualification of this financial award.

Student Signature

Date

Attach this application to a transcript from your high school, a copy of the acceptance letter from the post secondary institute of education you plan to attend, two letters of recommendation, two essays and the completed release of information form on the following page.



York County Hispanic Coalition

AUTHORIZATION FOR USE OR RELEASE OF INFORMATION

Name: _____

By my/our signature(s) set forth below, I/we release the York County Hispanic Coalition, their successors, heirs, assigns and representatives from any claim for invasion of privacy or use of my/our likeness(es), and authorize the York County Hispanic Coalition to photograph, film, videotape and/or electronically record interviews with me/us, our appearance(s), photograph(s), voice(s), physical likeness(es) and name(s) in such manner as they choose.

I/we further authorize the York County Hispanic Coalition and all other persons or entities participating in taking said photographs, films, videotapes and/or electronically recorded interviews to distribute now or at any time in the future, any or all of said photographs, films, videotapes and/or electronically recorded interviews to anyone including the general public, magazines, newspapers, television and radio stations, and/or any other organization or person that customarily presents information or news to the general public.

I/we further authorize the York County Hispanic Coalition to disclose to the general public, as well as to television and radio stations, newspapers or magazines, or any other form of news or public media, now or at any time in the future, my/our name(s) and the details of the scholarship program in which I am/we are participating. No compensation or remuneration shall be paid to me/us for such uses as described in this paragraph. York County Hispanic Coalition shall own in perpetuity all property and copy rights in all recordings, photographs, film, and videotape hereinabove described. For the purpose of the foregoing paragraph, recordings, photographs, film and videotape shall include, without limitation, digital formats of the aforementioned media.

I understand the nature of this Authorization.

Signature (scholarship candidate)

Date: _____

Parent/Legal Guardian if minor

Date: _____