



SCHOLARSHIP APPLICATION

Congratulations on your goal of acquiring 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 or trades certification.

Please follow the guidelines indicated below. If you have any questions please do not hesitate to contact us at: yorkchc@gmail.com.

Applications must be postmarked by **March 22, 2024**, and should be mailed to:

York County Hispanic Coalition

P. O. Box 722

York, PA 17405

¡Buena Suerte!



Guidelines

- 1) Scholarships are awarded to the students entering their first year of post-secondary education in Fall 2024. **Each scholarship is valued at \$500 for an Associate degree (2 yrs.), Trade certification, or \$1,000 for a bachelor's degree (4 yrs.)**
- 2) Applicants must be of Hispanic /Latino Heritage.
- 3) Applicants must be high school seniors enrolled in York County High School or non-traditional students with appropriate proof of high school or GED completion.
- 4) Applicants must complete all sections of the scholarship application. **Only completed applications by the due date will be considered.**
- 5) Applicants must attach a letter of acceptance from the post-secondary institution of education they will be attending in Fall 2024. Scholarships will be awarded only to students enrolling in Fall 2024.
- 6) Attach the high school transcript.
- 7) Write and attach the essay (500 words) in response to two (2) questions provided. They may be written in English or Spanish.
- 8) Attach two (2) letters of recommendation from non-relatives (e.g. teachers, guidance counselors, employers, youth group advisors, clergy.)
- 9) An interview will be conducted with finalists for the scholarship. You will be notified by telephone or email to schedule the interview with the scholarship committee. **This meeting will be conducted in person.**
- 10) Recipients may receive the scholarship for their **Freshman year only**. Recipients will be invited to a scholarship celebration in 2024.



Scholarship Application 2024

Incomplete Applications Can Not Be Considered

Please review with your Guidance Counselor before submitting.

Deadline: Friday, March 22, 2024

Student Information

Student's Name: _____

Home address: _____

Telephone: _____ Date of Birth: _____

Student's Email Address: _____

Place of birth: _____

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 the Spanish Language.

- 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 or write it.
- I cannot speak, read or write in Spanish.



List any extra-curricular activities you are involved in or any special interest you have:

ACADEMIC INFORMATION

The college you plan to attend:

Undergraduate Major: _____

Annual Tuition and Fees: _____

FINANCIAL INFORMATION

Yearly Family Income: _____

Yearly Student Income: _____

List any other sources of financial aid you have applied for:

We strongly encourage you to complete your FAFSA form. <https://studentaid.gov/>



WRITTEN REQUIREMENTS

You must attach a one-page essay (500 words) for the two questions provided. You may write your essay in English or Spanish.

- 1) Describe how your Hispanic/Latino Heritage has influenced your life.
- 2) After receiving your university degree or trade certification, how do you plan to have an impact on the Hispanic community?

INTERVIEW REQUIREMENTS

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 (YCHC). **This interview will be conducted in person.**

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 from this financial award.

Student Signature

Date



AUTHORIZATION FOR THE 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 copyrights in all recordings, photographs, film, and videotape hereinabove described. For 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: _____



Please mail the following in one envelope to:

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

- Completed application
- High school transcript
- Acceptance letter (copy)
- Two (2) letters of recommendation
- Essay
- Completed release of information form



Application checklist:

- Student information filled in
- Academic information filled in
- Financial information filled in
- A copy of the acceptance letter from the post-secondary institution of education you plan to attend
- Transcript attached
- Essay
- Letter of recommendation #1
- Letter of recommendation #2
- Authorization of Use / Release of Information page, signed

www.yorkcountyhispaniccoalition.org