



**Pittsburgh Metropolitan Area Hispanic Chamber of Commerce Foundation**  
E-Mail: [scholarships@pmahcc.org](mailto: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.

#### **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](mailto: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](mailto: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.**

- 1. Request transcript by clicking [here](#) by 4/1**
- 2. Student to return completed packet with transcript directly to the scholarship sponsor listed above.**

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 \_\_\_\_\_

MAILING 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 PREFERRED 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

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

## 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](mailto: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.**

- 1. Request transcript by clicking [here](#) by 4/1**
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