

501(c)(3) nonprofit organization | www.Hispanic-Health.org

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### 2018 Hispanic Health Coalition (HHC) **Scholarship Guidelines and Application**

**Application Deadline:** Completed Scholarship application must be submitted and postmarked no later than Friday, March 23, 2018.

Program Description: Up to three HHC scholarships for up to \$2,000 each will be awarded to assist students of Latino heritage obtain a college degree in the health professions field. Number and amount of scholarship awards are subject to change.

Scholarships are available on a competitive basis to:

- **Graduating High School Seniors**
- Students currently pursuing an associate's degree at a 2-year community college
- Students currently pursuing a bachelor's degree at a 4-year college/university

#### To qualify, students must:

- Be of Latino heritage
- Reside in the Houston Metropolitan or surrounding area
- Have a minimum cumulative grade point average (GPA) of 3.0 on a 4.0 scale (must provide copy of official transcript)
- Have plans to enroll full-time at a two or four year U.S. accredited institution in the U.S., Puerto Rico, U.S. Virgin Islands
- Be pursuing an associate's or bachelor's degree in the health professions field

Scholarship recipients must attend the Scholarship Awards Luncheon on April 24, 2018.

# 2018 Hispanic Health Coalition Scholarship Application

High school student graduating in 2018 Current college student

Name (Last)	(First)		(Middle Initial)					
Address	City		State	Zip Code				
Date of Birth	Female Male		Social Security Number					
Email address			Home telephone					
Name of parents or legal guardian			Phone Number					
Latino origin Puerto Rican	Cuban Salvadoran	Columbian Dominican Guatemalan		Mexican				
Other (specify)								
Describe yourself (minimum of 50 words)								
Name of your High School or C	College							
Address		City	State	Zip				
Your grade point average (GPA	A) C	lass rank	Graduation Date					
SAT Score								

Please list the following:									
Scholastic accomplishments									
Extracurricular and community service activities									
What other scholarships have you applied for, their amounts and if you have been awarded or denied?									
Name of Scholarship	Year Submitted		Amount	Awarded or Denied? Pending					
Please list college/university choice (s) and anticipated/current major. If you are currently attending a community college, please list where you plan to transfer.									
School		Major							
Student Signature	Date		ouncolor/Advisor Sig	anaturo.	Date				
Stadent dignature	Date		Counselor/Advisor Signature Date						
		Print Counselor's Name							
	C	Counselor's Phone Number							



## **Scholarship Application Checklist**

### Please include the following items with your completed application:

- 1. Typed written essay (not to exceed 300 words) explaining your academic and career goals, and how they qualify you for this scholarship.
- 2. Two letters of recommendation describing why you should be chosen for this scholarship:
  - a. One from a school official, i.e. school principal, administrator, counselor/advisor or teacher
  - b. One personal, i.e. employer, community leader, church representative, or volunteer organization
- 3. Official high school or college transcript
- 4. Copy of college acceptance letter or proof of enrollment

Your completed application must be submitted and postmarked no later than **March 23, 2018**. Incomplete applications will not be processed—no exceptions.

Scholarship recipients will be notified in April 9, 2018.

#### Mail to:

Scholarship Committee Hispanic Health Coalition, Inc. 2626 S. Loop West, Suite 650R Houston, TX 77054