

ALLIANCE FOR HISPANIC ADVANCEMENT

2024 Scholarship Application

The **Alliance for Hispanic Advancement (AHA)** scholarship is for students that will be attending a **vocational, trade school, community college or university fall 2024**. The Scholarship award is \$500 for one academic year. Scholarship applications are evaluated by an impartial scholarship committee utilizing a rubric process. Preference will be given to those with strong academic performance, community involvement, and financial need. Recipient of scholarship must enroll and take a minimum of 6 units or equivalent at an accredited school by **fall 2024**. AHA encourages applicants to participate in AHA community events and/or committees. Complete application and requested documentation must be postmarked or submitted by **April 5, 2024** for consideration.

AHA Scholarship Criteria

1. Applicant must be a resident of Yuba or Sutter Counties.
2. Applicant must be a High School senior graduating from high school by summer 2024.
3. Applicant must answer questions in space provided. If additional space is needed, list the question number and utilize the additional information space on page 4.

The following documents *must* be postmarked or submitted by April 5, 2024 for application to be considered:

1. Current official high school transcript.
2. Copy of your school identification card or state issued identification.
3. Complete AHA scholarship application.
4. One letter of recommendation. Letter of recommendation must be from a school faculty member or from a community member (must be a non-relative).

Please mail application and requested documents to the following address:

AHA Scholarship Committee
P.O. Box 3743
Yuba City, CA 95992

Applicants wishing to receive confirmation of receipt of their application may send a self-addressed, stamped postcard along with their application. Scholarship recipients will be notified in May. Applicants will not otherwise be advised as to the status of their applications.

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Last Name: _____ First: _____ Middle Initial: _____

Address: _____ City: _____ CA Zip Code: _____

Email address: _____

Home phone: _____ Cell phone: _____

High School: _____

Gender: _____ Date of Birth: _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Are you currently employed? _____
If yes please provide name of employer and brief description of duties. _____

What college do you plan on attending fall 2024? _____

Annual household income: _____

Number of adults in household: _____

Number of children (under 18) in household: _____

Are you an AHA member/volunteer? _____

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4. What challenges have you had in pursuing college and achieving your goals?

Additional Information:

I hereby certify that the information provided in this application is complete and accurate to the best of my knowledge and that no one has helped me in answering aforementioned.

I hereby authorize AHA officials to verify the information provided.

I understand that by providing false or incomplete information I will disqualify myself from the scholarship.

I understand that as a recipient of AHA scholarship I will serve the community and support the mission of AHA.

Applicant Signature: _____ Date: _____