



## ADULT CONTINUED EDUCATION SCHOLARSHIP APPLICATION

Congratulations on your goal of continuing your 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 contact us at: [yorkchc@gmail.com](mailto:yorkchc@gmail.com).

Applications must be postmarked by **April 25, 2025**, 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 adult students entering their first or second year of post-secondary education in Fall 2025. **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) **Trade Certificate applicants** must be 18 years or older, and those enrolled in a **college degree** program must be 25 years or older, either in person or online in an adult continuing education program.
- 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 they will attend in Fall 2025. Scholarships will be awarded only to adult students enrolling in Fall 2025 or Spring 2026.
- 6) Include your college, university, or trade school transcript if you are already enrolled in a program.
- 7) Write and attach the essay (1000 words) in response to the two (2) questions provided. They may be written in English or Spanish.
- 8) Attach two (2) letters of recommendation from non-relatives (e.g. professors, instructors, employers, clergy, sponsor.)
- 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 will be invited to a scholarship celebration in 2025. **This is a one-time scholarship.**



## Scholarship Application 2025

### Incomplete Applications Can Not Be Considered

Deadline: Friday, April 25, 2025

#### Student Information

Student's Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Email Address: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Current or future College/University/Trade school:  
\_\_\_\_\_ GPA (if in a program): \_\_\_\_\_

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.



The York County Hispanic Coalition celebrates and promotes cultural events for the community. We invite you to participate by volunteering at any of our events. List any extra-curricular activities you are involved in or any special interest you have:

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**ACADEMIC INFORMATION**

The college you plan to attend or attending:

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Undergraduate Major/Certification Course Name:

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Annual Tuition and Fees: \_\_\_\_\_

**FINANCIAL INFORMATION**

Yearly Family Income: \_\_\_\_\_

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

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



## WRITTEN REQUIREMENTS

You must attach a one-page essay (1000 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 impact the Hispanic community?

## INTERVIEW REQUIREMENTS

In addition to submitting this application, if you are selected as a finalist, you will 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 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.

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Adult Student Signature

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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.

\_\_\_\_\_

Date: \_\_\_\_\_

*Signature (scholarship candidate)*



**Please mail the following in one envelope to:**

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

- Completed application
- Colle/Univ./Trade school transcript (if already in a program)
- Acceptance letter (copy)
- Two (2) letters of recommendation (Employer, Professor or Instructor, Clergy, Sponsor)
- 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 (if already in a program)
- Essay
- Letter of recommendation #1 & #2
- Authorization of Use / Release of Information page, signed
- Volunteering options: Día de Reyes, Día de los Muertos, Posada/Parranda.