

CONNECTICUT ASSOCIATION OF LATINOS IN HIGHER EDUCATION, INC.

P.O. Box 605 Tolland, CT 06084

2024-2025 Scholarship Application

www.calahe.org

CRITERIA AND REQUIREMENTS

Award Categories:

- High School Seniors or GED equivalent
- Undergraduate College Students

Eligibility Criteria:

- Limited to Latino students from Connecticut. (resident for the past twelve past months)
- Must demonstrate financial need.
- Accepted at or attending an accredited institution of higher education.
- A cumulative GPA of 2.75 for all completed course work at the time of application.
- Applicants must attend full time and be seeking their first undergraduate degree.
- Demonstrated community service within the Latino community.
- Essay: How are you unique? Describe how this uniqueness helped you in your academic success. (Maximum 2 page typewritten double space statement).
- Please Note: In order to receive this award, recipients are <u>required</u> to attend a scholarship reception. Students who do not or cannot attend the reception will forfeit their award. The date and location will be announced at a later date.
- The CALAHE scholarship is renewable for one year only, recipients must reapply.

| <u>Award Amou</u> | <u>unt:</u> \$1,000.00 |
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| Submit the fo | ollowing items: |
| ☐ Complete | red Application |
| Letter of | facceptance from college or university (for high school seniors or GED Students) |
| A Letter | of recommendation from a teacher |
| Official I | high school or college transcript |
| ☐ Copy of | either: |
| 0 Und and | Federal Student Aid Index Report (SAI)) locumented/DACA students must submit the Verification of Financial Need . This form must be completed d signed by the financial aid office of the college/university you are attending. We will email this form upon quest. |
| Essa | ay: How are you unique? Describe how this uniqueness helped you in your academic success. (Maximum 2 page |
| typewritt | ten double space statement). |

Application and supporting documents must be submitted electronically by Friday, June 7, 2024 to CALAHE2017@gmail.com If any items are missing, your application will not be processed.

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| Applicant's Name: |
|---|
| Address: |
| City/State/Zip: |
| CT Resident: Yes No How Long? |
| Telephone Number: Cell Number: |
| Ethnicity (Required) |
| Birthdate: |
| Email Address |
| HIGH SCHOOL INFORMATION |
| High School: |
| Address: |
| City/State/Zip: |
| Graduation Date: Cumulative GPA: |
| Extracurricular Activites: |
| COLLEGE INFORMATION Name of College attending or will be attending: |
| Address: |
| |
| City/State/Zip: List all colleges attended with highest cumulative grade average (if applicable): |
| List extracurricular activities in college or in high school: |
| |
| Career Goals: |

CONNECTICUT ASSOCIATION OF LATINOS IN HIGHER EDUCATION, INC.

| Line and a section of the section in | |
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| | school and community activities, stressing your contributions to each: |
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| I hereby state that the ans | swers in this application are complete and accurate to the best of my knowledge and that, if |
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| given an award; I shall do | my best to maintain standards for scholarship and conduct which will reflect credit on me, |
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