HCAC

THE HISPANIC COMMUNITY AFFAIRS COUNCIL

AND

ALBERT C. & BERTHA P. MARKSTEIN FOUNDATION

2017-2018 SCHOLARSHIP APPLICATION

Please check one box only for the college you will attend in the fall of 2017:

☐ COMMUNITY COLLEGE ☐ FOUR-YEAR COLLEGE ☐ VOCATIONAL SCHOOL
☐ POST GRADUATE

Are you a previous HCAC Scholarship recipient? ☐ Yes ☐ No If yes, what year?: _____

1. Name _____ Birth date: _____

2. Permanent or home address: _____

City _____ State _____ Zip _____

3. Phone: (include area code) _____

4. Email: (print clearly) _____

5. College mailing address (if applicable) _____

6. Name of high school/college/university you are currently attending: _____

7. Which college or university do you plan to attend in the Fall of 2017?_____

8. Have you declared a major? ☐ Yes ☐ No If yes, please state your major: _____

9. When is your estimated graduation date? _____

10. How many units are you planning to take in Fall 2017? _____Spring 2018?_____

11. What are your educational goals?

- ☐ Job Certification
- ☐ Associate's Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Professional / Doctoral Degree

12. What jobs, organizations or other extracurricular activities are you involved in during the school year?

_____

_____

_____

_____

13. Please list any awards and/or honors you have received:

_____

_____

_____

14. Will you need to work while in college? ☐ Yes ☐ No If yes, how many hours per week:_____

15. Parent Information

Name of father: _____ Occupation: _____

Highest level of education: ___Grade school or less __Middle School __ High School ___Undergraduate ____Graduate +

Name of mother: _____ Occupation: _____

Highest level of education: ___Grade school or less __Middle School __ High School ___Undergraduate ____Graduate +

16. How many family members are in your household? _____

    a. How many are currently attending college? _____

    b. Are you a first generation college student? _____

17. Are you claimed as a dependent by your parents on their income tax? ☐ Yes ☐ No If "no", skip to # 18

    a. How many people are claimed as dependents by your parents on their 1040 Income Tax form_____

    b. What is the annual income stated on the 2015 1040 Income Tax for your family? _____

    If you are under 24 years old you must submit a copy of the 2015 1040 Tax Return form(s) submitted by both of your parents. Please attach a copy of the 2015 1040 Tax Form(s) for your family.

18. If you are not claimed by your parents, did you file a 2015 income tax form? ☐ Yes ☐ No

    a. What is your annual income based on your 2015 1040 tax form? _____

    b. How many people are claimed as dependents on your 1040 Income Tax form? _____

    Please attach a copy of your 2015 1040 Tax Form

    c. If your parents did not claim you and you did not file a 2015 income tax form, what was your 2014 income? _____

19. Have there been changes to employment status from 2015? ☐ Yes ☐ No

    a. Please explain: _____

20. Are you a veteran of the Armed Forces? ☐ Yes ☐ Do you have a parent that is a veteran of the Armed Forces? ☐ Yes ☐ No If yes, to either question, please complete the following:

Branch of Service	From	To	Status of Discharge

PERSONAL STATEMENT

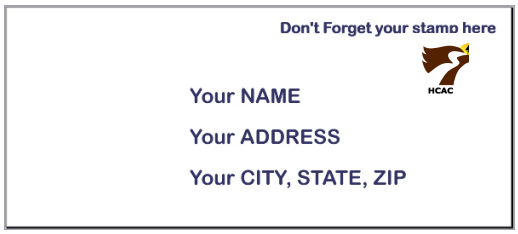
On a separate sheet of paper and in approximately 500 words or less, please tell us why you should be awarded this scholarship. Be sure to include information on your **leadership skills, your community involvement and what your culture and heritage means to you along with your education and career goals.** Be sure to emphasize volunteer and community service opportunities you have been involved in.

Requirements

- The applicant must be of Hispanic heritage as defined by the U.S. Department of Education.
- The applicant must be a graduating senior, GED recipient, community college student, transferring community college student, student attending a four-year institution, or a student accepted into a post-graduate program or teacher credential program.
- The applicant must be a resident of Alameda County. Applicants must show proof of Alameda County residence (i.e., Alameda County address on application and an Alameda County address on 1040 tax forms).
- The applicant will be evaluated on the following criteria, in order of importance:
  - Financial Need
  - Scholastic Record (i.e., GPA)
  - Personal Statement
  - Interview
- The applicant must plan to attend an accredited community college, university or approved technical or vocational school.
- Community college and university scholarship recipients must enroll and take at least six units/credits.

BE SURE TO INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

- Completed application **(Typed)**
- Personal Statement **(Typed)**
- Copies of all applicable **2015 1040 tax forms** as requested or W2(s) if you did not file a tax return.
- Official Transcript(s) in a sealed envelope
- Signed Photo/video Consent Form
- Photocopy of school identification card
- Two (2) business-sized (9.5 inches by 4.125 inches) self-addressed (with your address) and stamped envelopes.



The enclosed information is complete and accurate:

Applicants Signature: _____ Date: _____

IMPORTANT: Application materials must be postmarked no later than **Friday, February 10, 2017.**

Applicants are strongly encouraged to submit a typed application. The application can be downloaded from the following website: http://hcac-ac.org

*****ENCLOSE ADDITIONAL PAGE(S) IF YOU NEED MORE SPACE TO ANSWER QUESTIONS ABOVE*****

*****INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED*****

Send to: Hispanic Community Affairs Council, P.O. Box 3151, Hayward, CA 94540

Student and/or Parent Photo/Video Consent Form

I give permission to the Hispanic Community Affairs Council to take photos of or film me or my child for use in educational and promotional materials, including brochures, public service announcements, websites, reports and other printed and multimedia productions.

I also agree to allow the Hispanic Community Affairs Council to use my or my child's name, likeness or biographical ownership and publication, including any claim for compensation related to use of materials.

_____

Student's Name (Please Print)

_____ _____

Student's Signature Date

Contact Phone Information_____

☐I consent to take photographs and / or video of me.

☐ I **do not** consent to take photographs and / or video of me.

(Student) I verify that I am at least 18 years of age.

☐Yes ☐No (If no, see below.)

(Parent or Guardian) Complete below if student is less than 18 years of age.

_____

Name of Parent or Guardian (Please Print)

_____ _____

Signature of Parent or Guardian Date

Contact Phone Information_____

To contact the Hispanic Community Affairs Council go to: http://hcac-ac.org/contact-us/