



**Pittsburgh Metropolitan Area Hispanic Chamber of Commerce Foundation**

One Oxford Center • 301 Grant St Ste 4300 • Pittsburgh PA 15219  
E-Mail: [scholarships@pmahcc.org](mailto:scholarships@pmahcc.org) • Fax: (412) 255-3701

**The PMAHCC Foundation Rob Vega Memorial Scholarship accepts applications from January 1 until April 30 for the scholastic year starting in the fall. This form will serve as an application. Students must respond to all PMAHCCF requests for verification and transcripts in order to be eligible. Transcripts and verification of need must come from the school directly.**

**The Rob Vega Memorial Scholarship will be awarded to Law School Students who display the same Academic, Familial and Civic qualities that Rob did.**

### **CRITERIA**

To be eligible to apply to the program, the student must:

- Be attending or have been accepted into an accredited School of Law. Preference will be given to students who are currently attending or have been accepted into the University of Pittsburgh School of Law or the Duquesne University School of Law
- Reside in one of the following counties: Allegheny, Armstrong, Beaver, Butler, Fayette, Westmoreland or Washington County
- Have at least one parent of Hispanic ancestry (at least one of applicant's grandparents must be Hispanic);
- Students entering Law School must have an undergrad cumulative grade point average of 3.0 or higher.
- Current Law School Students must have a cumulative grade point average of 2.75 or higher.
- The ideal candidate is someone who plans to practice of law will focus on public interest work and has demonstrated a commitment to stay in the Pittsburgh area.
- Students must display the same Academic, Familial and Civic qualities that Rob did.

### **AWARD**

- **Award is one \$5,000 grant**
- Students may reapply to the program each year they meet eligibility requirements by responding to the requests for verification from PMAHCCF
- Awards are not renewable, Students can re-apply each year as long as they meet all the eligibility requirements and can confirm enrollment.

### **APPLICATION**

Interested students must **COMPLETE THE APPLICATION FORM** and mail it along with the following required documents:

- **CURRENT, COMPLETE TRANSCRIPT OF GRADES – ANY ONE OF THE FOLLOWING:**
  - Official transcript of grades
  - Unofficial transcript that includes the student and school's name
  - Student-generated online transcript that includes student and school's name (Grade Reports are **NOT** acceptable)
- Type an essay of not more than 500 words discussing your ideal professional goals and how achieving those will impact the Hispanic community.

***Deadline: The application and all required supporting documents MUST be mailed IN ONE ENVELOPE and MUST be at the PMAHCCF office by APRIL 30. Applications received after April 30 will not be considered.***

All information received is considered confidential and is reviewed only by PMAHCCF.

### **SELECTION OF RECIPIENTS**

Grant recipient is selected on the basis of all eligibility criteria. Selection of recipient is made by PMAHCCF Scholarship Selection Committee.

### **NOTIFICATION OF AWARDS**

Applicants will be notified **by the last week in July.**

**PMAHCCF WILL NOTIFY GRANT RECIPIENT AT THE HOME AND/OR E-MAIL ADDRESS PROVIDED IN THE APPLICATION.**

**IF THE RECIPIENT DO NOT RESPOND TO REQUESTS FOR VERIFICATION INFORMATION AFTER TWO NOTIFICATION E-MAILS/LETTERS FROM PMAHCCF, RECIPIENT WILL FORFEIT THEIR AWARD TO AN ALTERNATE RECIPIENT.**

**NOTIFY PMAHCCF IMMEDIATELY IF YOU MOVE OR GO ON VACATION. SEND US AN E-MAIL WITH AN E-MAIL OR PHONE NUMBER WHERE WE CAN REACH YOU.**

### **PAYMENT OF GRANT TO RECIPIENTS' SCHOOL**

Payment is made at the beginning of the Fall Semester. The check is mailed to recipient's school directly and is made payable to the school for the student.

### **OBLIGATIONS OF RECIPIENT**

Recipient agree to have her/his name disclosed as the recipient of PMAHCCF grant to the media, including but not limited to newspapers, Facebook, Twitter, other social media, PMAHCC's website, funders and sponsors.

### **REVISIONS**

PMAHCCF reserves the right to review the conditions and procedures of this grant program and to make changes at any time including termination of the program.

### **QUESTIONS, ADDITIONAL INFORMATION**

Questions regarding PMAHCCF **Rob Vega Memorial Scholarship** should be addressed to:

#### **PMAHCCF Rob Vega Memorial Scholarship**

One Oxford Center

301 Grant St Ste 4300

Pittsburgh PA 15219

E-Mail: [scholarships@pmahcc.org](mailto:scholarships@pmahcc.org)

Webpage: <http://pmahcc.org>

**Mail completed application to:  
PMAHCCF Rob Vega Memorial Scholarship  
One Oxford Center  
301 Grant St Ste 4300  
Pittsburgh PA 15219**

**PLEASE, MAIL YOUR APPLICATION VIA REGULAR MAIL.  
WE DO NOT RECEIVE CERTIFIED OR FEDEX MAIL AT OUR VIRTUAL OFFICE.**

**YOU MAY ALSO E-MAIL YOUR APPLICATION: [scholarships@pmahcc.org](mailto:scholarships@pmahcc.org)  
OR FAX YOUR APPLICATION: 412-255-3701**

**PITTSBURGH METROPOLITAN AREA HISPANIC CHAMBER OF COMMERCE FOUNDATION**  
**2017 ROB VEGA MEMORIAL SCHOLARSHIP**

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

APPLICATION POSTMARK DEADLINE **APRIL 30**

**A. About You**

**APPLICANT DATA**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

PERMANENT RESIDENCE: Permanent residence is established by at least two of the following: home address for school registration; place of registration to vote; family's primary residence.

STREET AND NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT FROM PERMANENT ADDRESS

STREET AND NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BEST TELEPHONE TO CONTACT YOU \_\_\_\_\_

BEST EMAIL ADDRESS TO CONTACT YOU \_\_\_\_\_

DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_\_

PLEASE INDICATE YOUR GENDER (FOR STATISTICAL PURPOSES ONLY)  MALE  FEMALE

ARE YOU THE FIRST MEMBER OF YOUR FAMILY TO ATTEND COLLEGE?  YES  NO

HAVE YOU FILED FOR A PMAHCCF GRANT PRIOR TO THIS YEAR?  YES, IN (YEAR) \_\_\_\_\_  NO

ARE YOU MARRIED?  YES  NO

ARE YOU AN INDEPENDENT STUDENT (I.E. SELF SUPPORTING)?  YES  NO **(GO TO NEXT SECTION)**

IF YES, HOW MANY DEPENDENTS? \_\_\_\_\_ **(SKIP NEXT SECTION)**

HIGH SCHOOL YOU ATTEND OR ATTENDED:

\_\_\_\_\_

**HISPANIC ANCESTRY**

ARE YOU, YOUR PARENT(S) OR GRANDPARENT(S) HISPANIC? WHICH NATIONALITY? PLEASE ELABORATE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## B. Your Schooling

Name: \_\_\_\_\_

NAME OF THE EDUCATIONAL INSTITUTION YOU WILL BE ATTENDING THIS FALL:

\_\_\_\_\_

WILL YOU BE ENROLLED AS A:  FULL-TIME STUDENT  PART-TIME STUDENT

WHAT IS YOUR INTENDED MAJOR(S)? \_\_\_\_\_

WHEN DO YOU EXPECT TO GRADUATE? YEAR \_\_\_\_\_

YEAR IN SCHOOL THIS COMING FALL: (CIRCLE ONE) 1 2 3 4 5 OR GRADUATE

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## C. Your Aspirations

PLEASE LIMIT YOUR RESPONSES TO THE SPACE PROVIDED

TELL US ABOUT YOUR PROFESSIONAL ASPIRATIONS &/OR YOUR CAREER GOALS. WHAT ISSUES, NEEDS OR PROBLEMS DO YOU HOPE TO ADDRESS? INDICATE IN WHICH AREA(S) YOU ARE CONSIDERING MAKING YOUR CAREER AND TELL US HOW YOUR ACADEMIC PROGRAM AND YOUR OVERALL EDUCATIONAL PLANS WILL ASSIST YOU IN ACHIEVING YOUR GOALS.



**Student Name:** \_\_\_\_\_ **CERTIFICATION/AUTHORIZATION**

I acknowledge decisions of PMAHCCF are final. I certify that I meet the basic eligibility requirements of the program and the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in the termination of any scholarship I am granted.

I also authorize the Financial Aid office of my school to release to PMAHCCF information on my financial aid status, and I authorize the Pennsylvania Higher Education Assistance Agency to release information contained on any financial aid application filed with PHEAA. This information will remain confidential.

Name of Educational Institution you will be attending this Fall and the FINANCIAL AID OFFICE (FAO)  
Address, Phone, Fax and e-mail:

Educational Institution: \_\_\_\_\_

Financial Aid Office Address: \_\_\_\_\_

FAO Phone: \_\_\_\_\_ FAO Fax: \_\_\_\_\_

FAO E-Mail: \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please check the items, which you should have enclosed with this application. Only those applicants who have submitted all the items listed below will be considered for a scholarship award.

- COMPLETED AND SIGNED APPLICATION FORM.**
- TYPED ESSAY OF NOT MORE THAN 500 WORDS**
- CURRENT, COMPLETE TRANSCRIPT OF GRADES – ANY ONE OF THE FOLLOWING:**
  - Official transcript of grades
  - Unofficial transcript that includes the student and school's name
  - Student-generated online transcript that includes student and school's name (Grade Reports are **NOT** acceptable)

▶ **INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED. (Late=Received after April 30)**

▶ **APPLICATIONS MUST BE RECEIVED (BE AT OUR OFFICE) BY April 30.**

**Mail completed application to:**  
**PMAHCCF Rob Vega Memorial Scholarship**  
**One Oxford Center, 301 Grant St Ste 4300, Pittsburgh PA 15219**

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**OR FAX YOUR APPLICATION: 412-255-3701**