



2022 Scholarship Application Packet



SCHOLARSHIPS

for Hispanic students pursuing a
career in the health professions field

The Hispanic Health Coalition (HHC) has dedicated its efforts to improving the overall health of the Hispanic community in the Houston area since 1996. One of the ways the Coalition can succeed in meeting that goal is to provide scholarships to Latino students who are pursuing a career in the health professions.

The HHC Scholarship Program has been supporting brilliant young Latino scholars since 2011, and with your help, we can continue to assist them in becoming the health care professionals that will serve the Hispanic community in the future.

1. Scholarship Program Description:

- Three scholarships in the amount of \$2,000 each will be awarded to assist students of Hispanic/Latino heritage to obtain a degree in the health professions field;
- Scholarships are available on a competitive basis to:
 - ☞ High School Seniors (1 scholarship of \$2,000);
 - ☞ College Undergraduates (1 scholarship of \$2,000);
 - ☞ Graduate Students (1 scholarship of \$2,000);
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2. Scholarship Eligibility Requirements:

- Be of Hispanic/Latino heritage;
- Be a US citizen, permanent resident, DACA, eligible non-citizen as defined by FAFSA;
- Pursuing in the health professions field;
- Currently, reside or have a permanent address in the Greater Houston/Galveston area;
- Have a minimum cumulative grade point average (GPA) of 3.0 on a 4.0 scale;
- Have plans to enroll full-time at a two- or four-year U.S. accredited institution in the U.S., Puerto Rico, U.S. Virgin Islands, as demonstrated by acceptance letters from institutions of higher learning;
- If already pursuing college or graduate studies, a student must demonstrate continuous enrollment for the 2022 calendar year. Must indicate graduation date.

3. Scholarship Application:

- ☐ Please complete the online application:
<https://hispanic-health.org/scholarship-application-form/>
- ☐ Include an essay (not to exceed 300 words) explaining your academic and career goals that qualify you for this scholarship;

Upload:

- Copy of college acceptance letter or proof of enrollment for the 2022-23 calendar year, graduation date.
- Financial information — FAFSA report or income tax report.
- Transcript — Official transcript will be required if selected.

4. Letters of Recommendation:

- ☐ Request two letters of recommendation (see the recommendation form below) to be completed by:
 - **Academic official:** i.e., administrator, counselor/advisor, teacher, or professor;
 - **Personal acquaintance:** i.e., employer, community leader, church representative, or volunteer organization.
- ☐ Please have letters of recommendation sent to: hhcscholarship@gmail.com.

5. Application Deadline and Notification:

Completed applications must be submitted no later than July 15, 2022. Incomplete applications cannot be considered. Scholarship winners will be notified on August 15, 2022.



HISPANIC HEALTH COALITION SCHOLARSHIP RECOMMENDATION FORM

This form must be filled by an **academic official** (counselor, advisor, teacher, or professor) or a **personal acquaintance** (community leader, church representative, employer, or volunteer organization representative).

STUDENT INFORMATION:	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>
	Last Name	First Name	Middle Initial
<input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>	<input type="checkbox"/> High School	<input type="checkbox"/> College (Undergraduate)	<input type="checkbox"/> University (Graduate)
Date mm/dd/yy			
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>		
Year of Completion	Field of Study (Graduate / Undergraduate)		

YOUR INFORMATION:	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>
	Last Name	First Name	Middle Initial
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>		
Title	Institution		
<input style="width: 90%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 20%;" type="text"/>
Street Address (including Apt. No.)	City	State	ZIP Code
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>		
e-mail address	Work Phone Number		
How long have you known the applicant, and in what capacity?	<input style="width: 20%;" type="text"/>	<input style="width: 60%;" type="text"/>	

Please complete the following chart, rating the student from 0-10 on each of the categories. Please use the following scale as a guideline, selecting the most appropriate number to indicate the student's qualifications:

0-3 Unsatisfactory 4-5 Below Average 6-7 Average 8-9 Very Good 10: Outstanding

Areas of Evaluation	1-3	4-5	6-7	8-9	10
1. Leadership					
2. Academic potential					
3. Academic achievement					
4. Extracurricular activities: <input type="checkbox"/> Arts <input type="checkbox"/> Band <input type="checkbox"/> Clubs <input type="checkbox"/> Sports <input type="checkbox"/> Other					
5. Volunteer activities (church, community, school organizations)					
6. Work ethic					
7. Discipline and responsibility					
8. Demonstrated commitment to healthcare career					
9. Internships / Shadowing / Research					
10. Financial need					
Total					



HISPANIC HEALTH COALITION RECOMMENDATION FORM

Please write a brief summary of why you consider this student as a deserving candidate for the Houston Hispanic Scholarship Award for students pursuing a career in the field of healthcare.

Thank you for your input, please send this completed form to hhcscholarship@gmail.com. We sincerely appreciate your time and careful evaluation.

Scholarship Review Committee