

SINA Student Support Scholarship Information

SINA Student Support Scholarship: SINA's REACH Committee in collaboration with Capital Community College (CCC) is offering a scholarship opportunity for students who reside in SINA's service areas who are continuing with their higher education. Up to four \$500 scholarships in the combined amount of \$2,000 per year will be awarded annually to qualified CCC students.

Who is Eligible:

- Any full or part time credit seeking student that is a resident of Hartford neighborhoods within the **06106** or **06114** zip codes.
- Student must have been enrolled a minimum of one semester and have a minimum 2.0 GPA at CCC prior to applying
- Applicants may be majoring in any field, but a preference may be given to majors in the healthcare or education fields.

Application / Requirements:

- Fully complete the attached application.
- A personal statement (minimum of 350 words-maximum of 500 words) explaining why they are seeking higher education and how the scholarship will assist in the completion of a certificate or degree program. Applications without the personal statement will not be considered.
- A recommendation form filled by a non-relative.
- Application must be submitted to **Linda Torres** at **lvalentin@sinainc.org** or mail applications to the SINA office at 207 Washington Street, Hartford, CT 06106
- You may also submit your application online <u>via google form</u> for link visit https://sinainc.org/reach/scholarships/#4S
- Deadline: Friday, April 30, 2021



Selection Process:

- SINA's REACH Committee will review and select recipients.
- All applicants will be notified by mail and email at the address they list.
- If you are selected as a recipient, we would like to use a picture of you for use in print and online publications. If you consent, please fill out and sign the image/essay release section of the application.

Application Form SINA Student Support Scholarship TYPE OR PRINT (LEGIBLE) Background Information			Zip Code Field/Major: GPA: 1 Semester successfully completed	
PRIMARY MAILING ADDRESS:				
	NUMBER	STREET	APARTMENT	
	CITY	STATE	ZIP CODE	
	EMAIL:			
	TELEPHONE #:		_	
Major:	GPA: _			
Expected to Graduate on:				
Please attach a personal statement explaining why you are seeking high the goal of obtaining a certificate or	her education and h		· ·	
Image/Essay Release				
I(FULL NAME) and image for print publications, the			o use my story/essay	
I give SINA, Inc., all right to image the publication or other use of these	_	n, and waive any ri	ght to compensation for	
I consent to any noncommercial use duplication thereof for any purpose			or video or any	
SIGNATURE		DATI	 B	

OFFICE USE ONLY CCC/SINA Scholarship Checklist:

If signing electronically please type in full name

RECOMMENDATION FORM

For The SINA Student Support Scholarship Program

NAME OF APPLICANT:		
LAST NAME	FIRST NAME	MIDDLE INIT.
To the person completing this recommendation:	:	
Please comment about the applicant's character and applicant will be very important to us.	d/or career aspirations. Your ca	andid opinion about the
Helpful information can include: How do you see to person can contribute to his/her field? How does the		
Thank you.		
How long have you known the applicant and in wh	at capacity?	
Comments: (Attach additional pages, if necessary)		
Recommendation issued by: (Please Print)		
Title/Position:		
Institution:		
Signature:		
If signing electronically please type in full na		
If your applicant is selected, will you be willing to	present them at the awards cer	emony ! Yes Maybe No
If so, please provide your contact information below:		
Full Name: Email: Phone: () Email:		