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. 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 reference 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
- Deadline: **Tuesday, May 12, 2020**

**Selection Process:**
- SINA’s REACH Committee consisting of representatives from SINA’s institutions (Hartford Hospital, Connecticut Children’s Medical Center, and Trinity College) will review and select recipients.
- All applicants will be notified by mail 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

Name: __________________________________________________________

PRIMARY MAILING ADDRESS:

NUMBER  STREET  APARTMENT

CITY  STATE  ZIP CODE

EMAIL: __________________________________________________________

TELEPHONE #: _________________________

Major: _________________________  GPA: _________________________

Expected to Graduate on: _________________________

Please attach a personal statement (minimum of 350 words-maximum of 500 words), explaining why you are seeking higher education and how the scholarship will assist in reaching the goal of obtaining a certificate or degree.

Image/Essay Release

I _________________________, give permission to SINA to use my story/essay (FULL NAME) and image for print publications, the SINA website and events.

I give SINA, Inc., all right to images or negatives taken, and waive any right to compensation for the publication or other use of these materials.

I consent to any noncommercial use of said photographs, motion pictures or video or any duplication thereof for any purpose SINA may deem appropriate.

________________________________________  _______________________
SIGNATURE  DATE

OFFICE USE ONLY
CCC/SINA Scholarship Checklist:

___  Zip Code

___  Field/Major: _________________________

___  GPA: _________________________

___  1 Semester successfully completed
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/or career aspirations. Your candid opinion about the applicant will be very important to us.

Helpful information can include: How do you see the scholarship helping the applicant? How do you think the person can contribute to his/her field? How does this scholarship contribute to the applicant’s growth?

Thank you.

How long have you known the applicant and in what capacity?

_____________________________________________________________________________

Comments: (Attach additional pages, if necessary)

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Recommendation issued by: (Please Print) _____________________________________________

Title/Position: _____________________________________________

Institution: ______________________________________________

Signature: ________________________________________________

If your applicant is selected, will you be willing to present them at the awards ceremony? □ Yes □ Maybe □ No

If so, please provide your contact information below:

Full Name: ________________________________________________

Phone: (____) ____________    Email: ________________________________

Mailing Address: ___________________________________________