



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
- Deadline: **Monday, April 19, 2021**

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)

OFFICE USE ONLY	
CCC/SINA Scholarship Checklist:	
_____	Zip Code
_____	Field/Major: _____
_____	GPA: _____
_____	1 Semester successfully completed

Background Information

Name:

PRIMARY MAILING ADDRESS:

NUMBER	STREET	APARTMENT
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CITY	STATE	ZIP CODE
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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

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: _____