



## 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 2.75 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 narrative (minimum 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/friend.
- Application must be submitted to **Linda Torres** at [lvalentin@sinainc.org](mailto:lvalentin@sinainc.org) or mail applications to the SINA office at 207 Washington Street, Hartford, CT 06106
- You may also submit your application online [via google form](https://sinainc.org/reach/scholarships/#4S) for link visit <https://sinainc.org/reach/scholarships/#4S>
- Deadline: **Friday, April 1, 2022**



### Selection Process:

- SINA's REACH Committee will review and select recipients. Eligible recipients will be interviewed by the same committee.
- 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.
- Selected recipients will be added to a scholarship alumni group and be provided with resources and support.

**Application Form**  
**SINA Student Support Scholarship**  
TYPE OR PRINT (LEGIBLE)

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

**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 narrative (minimum of 500 words), explaining why you are seeking higher education. Include some, or all of these points:

- a. What is your major and why did you choose it?
- b. How will higher education help you to be successful?
- c. How will this scholarship help you achieve your goals?

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**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

If submitting electronically, type full name as signature

**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)

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Recommendation issued by: (Please Print) \_\_\_\_\_

Title/Position: \_\_\_\_\_

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

Signature: \_\_\_\_\_

If submitting electronically, type full name as 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: \_\_\_\_\_