



## SINA Student Support Scholarship Information

**SINA Student Support Scholarship:** SINA's REACH Committee in collaboration with CT State Capital Community College 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 CT State Capital students.

### Who is Eligible:

- Any full or part-time credit-seeking student who 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 CT State Capital before 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 a personal statement will not be considered.
- A recommendation form filled out 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, March 29, 2024**



### 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)

**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

Type Name if submitting electronically

\_\_\_\_\_  
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.
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**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: \_\_\_\_\_