



**CONNECTICUT ASSOCIATION OF LATINOS
IN HIGHER EDUCATION, INC.**

2023-2024 Scholarship Application

www.calahe.org

CRITERIA AND REQUIREMENTS

Award Categories:

- High School Seniors or GED equivalent
- Undergraduate College Students

Eligibility Criteria:

- Limited to Latino students from Connecticut. (Resident for the past twelve past months)
- Must demonstrate financial need.
- Accepted at or attending an accredited institution of higher education.
- A cumulative GPA of 2.75 for all completed course work at the time of application.
- Applicants must attend **full time** and be seeking their first undergraduate degree.
- Demonstrated community service within the Latino community.
- Essay: "How do you feel this scholarship is going to impact your ability to pursue your education?" (Maximum 2 page typewritten double space statement).
- **Please Note:** In order to receive this award, recipients are **required** to attend a scholarship reception. Students who do not, or cannot attend the reception will forfeit their award. The location will be announced at a later date. **The CALAHE scholarship is renewable for one year only, recipients must reapply.**

Award Amount: \$1,000.00

Submit the following items:

- Completed Application
- Letter of acceptance from college or university (for high school seniors or GED Students)
- Two** Letters of recommendation – **one** must be from a teacher. Letters must be written within the last six months.
- Official high school or college transcript
- Copy of either:
 - The Federal Student Aid Report (SAR) **OR**
 - Undocumented/DACA students must submit the **Verification of Financial Need**. This form must be completed and signed by the financial aid office of the college/university you are attending. We will email this form upon request.
- Essay: "How do you feel this documents must be submitted electronically scholarship is going to impact your ability to pursue your education?" (Maximum 2 page typewritten double space statement).

Application and supporting documents must be submitted electronically by Friday, June 2, 2023 to CALAHE2017@gmail.com If any items are missing, your application will not be processed.

**CONNECTICUT ASSOCIATION OF LATINOS
IN HIGHER EDUCATION, INC.**

Applicant's Name: _____

Address: _____

City/State/Zip: _____

CT Resident: Yes ___ No ___ How Long? _____

Telephone Number: _____ Cell Number: _____

Ethnicity (Required) _____

Birthdate: _____ U.S. Citizen: Yes ___ No ___

U.S. Permanent Resident: Yes ___ No ___ Since Undocumented students are eligible, is it necessary to ask
Citizenship or Residency status? Undocumented students have shared feeling afraid to fill out applications where
citizenship status is asked for fear that the organization purposely or accidentally may reveal their status to other parties.

Email Address _____

HIGH SCHOOL INFORMATION

High School: _____

Address: _____

City/State/Zip: _____

Graduation Date: _____ Cumulative Grade Pt: _____

Extracurricular Activities: _____

COLLEGE INFORMATION

Name of College attending or will be attending: _____

Address: _____

City/State/Zip: _____

List all colleges attended with highest cumulative grade average (if applicable):

List extracurricular activities in college:

**CONNECTICUT ASSOCIATION OF LATINOS
IN HIGHER EDUCATION, INC.**

Career Goals: _____

Awards and Honors:

List your participation in school and community activities, stressing your contributions to each:

I hereby state that the answers in this application are complete and accurate to the best of my knowledge and that, if given an award; I shall do my best to maintain standards for scholarship and conduct which will reflect credit on me, my college and the Connecticut Association of Latinos in Higher Education.

Signed: _____

Date: _____



CONNECTICUT ASSOCIATION OF LATINOS
IN HIGHER EDUCATION, INC.

www.calahe.org

**Verification of Financial Need
Undocumented Students Only**

In order to determine eligibility for the CALAHE Scholarship, all applicants must demonstrate proof of financial need as determined by completing a FAFSA, or any alternative financial aid application provided to students who are not eligible to complete a FAFSA but would provide a means to determine financial need and establish eligibility for non-federal financial aid.

Undocumented students please use this link www.ct.edu/admission/finaid#undocumented to apply for financial aid. This application is exclusively for a specific group of undocumented students who cannot apply for federal student aid.

The Verification of Financial Need Form must be emailed to the CALAHE email at calahe2017@gmail.com by **Friday, June 2, 2023**. Your scholarship application will be considered incomplete without the Verification of Financial Need

Applicant's Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____ Cell Number: _____

Email Address _____

Signature: _____ Date: _____

FINANCIAL AID INFORMATION

Please have your Financial Aid Office certify the following information.

Type of 2021-22 Financial Aid Application:	FAFSA _____	Other _____
Student's Cost of Attendance (COA):	\$ _____	
Student's Expected Family Contribution (EFC):	\$ _____	
Student's Gross Need:	\$ _____	

ATTESTATION OF COLLEGE FINANCIAL AID ADMINISTRATOR

I hereby state that the financial aid information requested above is true and accurate at the time of this attestation.

Name (Print): _____

Title (Print): _____

Name of College/University _____

Signature: _____ Date: _____