

OCCHA, Inc.
3660 Shirley Rd.
Youngstown, Ohio 44502
(330)781-1808, Fax (330-781-0885)

OCCHA
Scholarship Application

Please complete the following and return to: **OCCHA Scholarship Committee** at the address above. This application will be used to determine qualification for OCCHA or other Hispanic scholarships.

- OCCHA, "Changing Lives through Education," Scholarship, two (2) \$1,000 each.
- All other scholarships are for \$500 each.
- This scholarship is non-renewal.

ELIGIBILITY

- **Be of Hispanic background (one parent must be Hispanic)**
- **Be a U.S. citizen or permanent resident.**
- **High School graduating seniors**
- **Will be attending U.S. accredited college or trade school full time following graduation.**

Requirements:

1. **Completed cover sheet and essay.**
2. **Copy of High School Transcript including Proficiency Scores.**
3. **One Letter of Recommendation (teacher, counselor, etc.)**
4. **List extracurricular activities you are involved in through your school and in the community.**
5. **Completed cover sheet and a minimum 300-Word Essay. Additional pages are acceptable.**

Essay must be written in paragraph form addressing the following three items:

- **Explain your academic plans and career goals.**
- **Describe your future plans towards making a difference in the Hispanic Community.**
- **Explain why you should receive the Hispanic Scholarship; please include financial needs.**

Completed applications must be submitted by Friday April 28, 2023, to be considered for scholarships.

Extra support materials are welcome.

Scholarship application essays will be awarded based on a 100 point system, and will be evaluated based on content, organization, language usage, correct grammar, and presentation.

COVER SHEET

Name: _____ Date of birth: _____
Last First Middle month Day Year

Address: _____ City: _____ Zip: _____

Phone Number: _____ Email: _____

Parent's name(s): _____ Phone #: _____

Ethnic Group: _____ (specify origin): _____

Indicate: (x) Father: _____ Mother: _____

School: _____ School Phone: _____

Counselor Name: _____

Grade Point Average: _____ Class Rank: _____ ACT Score: _____

Scholarships awarded (if any, include amount)

_____ \$ _____

_____ \$ _____

Colleges/Universities to which you have applied and/or plan to apply:

1. _____

2. _____

Intended major in college (be specific): _____

Are you related to anyone on the OCCHA Board? Yes ___ No ___ Name: _____

I certify that the statements made in this application process are true and factual. I understand that any false or misleading information will disqualify me from being considered for the scholarship. I grant OCCHA and the Scholarship Committee permission to verify my submitted information.

Scholarship Applicant's Signature

Date