



Scholarship Program 2017

Deadline: **November 15, 2017**

AWARD:

Three scholarships of \$1,000 each will be available and awarded by the HCA in 2017.

The purpose of the scholarship is to assist undergraduate and technical/ trade students that are members of the HCA de SA or family members of members. No particular field of study is mandated.

ELIGIBILITY:

1. Applicant must be attending or accepted into an accredited 2-year college, 4-year college or university or 2-year technical/trade school.
2. Applicant must be a full or part-time student and registered for the Spring 2018 semester.
3. Applicant must have a cumulative undergraduate GPA of 3.0 (on a 4.0 scale) or higher.
4. Applicant must be an HCA member or an immediate family member of an HCA member. (child or spouse)

REQUIREMENTS:

Applicant is responsible for ensuring that all of the following items are submitted as one package and postmarked, emailed or delivered in person by **November 15, 2017**.

- a. Completed and signed application.
- b. Official transcript of grades

Use N/A if a question does not apply. Appearance and completeness WILL BE CONSIDERED during evaluation. Incomplete application package will NOT be considered.

NOTE: An electronic version of this form may be found and completed at <http://www.hcadesa.org/>

DEADLINE:

Applications and accompanying paperwork must be received no later than **November 15, 2017**. Selected scholarship winners will be announced no later than December 15, 2017.

Mail Applications to: **HCA de SA**
101 W. Euclid Ave.
San Antonio, TX 78212

Email Applications to: admin@hcadesa.org

GENERAL INFORMATION

1. Applications will be reviewed and winners selected by a committee comprised of HCA members and partners.
2. Checks will be sent directly to the recipient's college or university by the HCA before the start of the Spring 2018 semester and proof of receipt by the college or university is required to be sent to the HCA no later than December 31, 2017.

The HCA de SA was organized to promote and support the educational advancement and growth of the Small, Minority, Woman and Veteran Owned contracting community. We are committed to developing educational and training programs and to facilitate resources needed to help our members reach their highest potential. The HCA de SA Scholarship program is funded by our members through our annual HCA Golf Tournament.

ID	Last Name	First Name	MI	Last 4 of SSN
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PERSONAL

Last Name		First Name		MI	Social Security Number
Address			City/State	Zip Code	
Home Phone Number		Cell Phone Number		Email Address	
Date of Birth:					
HCA de SA affiliation? (mark one)		<input type="checkbox"/> I or my company is a member		<input type="checkbox"/> I am an immediate family member (child/spouse) of an HCA member	
Name of Company:			Name of HCA member:		
Are you a previous HCA scholarship recipient?			Have you ever served as a member of the US Armed Forces?		
Yes		No		Yes No	
			If yes:		Rank/Specialty:
			Branch:		

SCHOLARSHIP INFORMATION

Name of College/Trade School you attend or will be attending					
College Address		City/State		Zip code	
College Phone:		Month and Year of Enrollment			
Current Year in School (Circle one):	Entering Freshmen	Sophomore	Junior	Senior	
Expected Date of Graduation: Month/Year					
In what program do you expect to get your degree?					
Specify Grade Point Average (GPA) and send an official grade transcript for the school you presently attend.					
If NOT continuously enrolled in school since high school graduation, provide a chronological history of your activities. History should begin immediately after high school graduation and continue until the present time. Include specific month, year and type of activity.					

List the extracurricular activities in which you have participated while attending high school and college. Indicate elected offices held, if any. Specify purpose of local organizations. Add additional sheets if necessary.

Student activities (student government, Key Club, National Honor Society, Athletics, etc.)	
Community activities (Boy / Girl Scouts, volunteer work.)	
Other:	

EMPLOYMENT HISTORY

List below full-time employment, summer employment, or other part-time work, briefly explaining duties and responsibilities (beginning with your most recent job). If part-time work, indicate number of hours per week.

Current or last Employer	Telephone number ()	Dates of employment (<i>month/year</i>) from / to /	
Address	City / State	Zip	Supervisor
Position title and nature of work		Starting salary	Final salary
Reason for leaving or wanting to leave			
Previous Employer	Telephone number ()	Dates of employment (<i>month/year</i>) from / to /	
Address	City / State	Zip	Supervisor
Position title and nature of work		Starting salary	Final salary
Reason for leaving			

FINANCIAL INFORMATION

Do you have a Basic Education Opportunity Grant (Pell Grant)?	If yes, amount: \$
Sources of Income: Please indicate % of sources of income which will be used towards education expenses (tuition, books, room & board) for Spring 2018.	Employment: %
	Loans: %
	Scholarships: %
	Parents Contribution: %
	Other: %

ESSAY QUESTIONS

Answer the following questions, maximum 250 words for each question. If you prefer, use a separate sheet(s) of paper.

Why are you interested in your selected field of study? What event or series of events has led you to this decision? Where possible, explain how your previous work experiences will relate to your selected field of study.

Describe your career goals and how this scholarship will help you to reach them?

What do you perceive to be your strongest attribute and how do you think it will help you with regards to your career goals?

I agree that the enclosed scholarship application and all attachments may be used for evaluation and selection by the Selection Committee of the Hispanic Contractors Association de San Antonio. I also affirm that all information enclosed is true and correct to the best of my knowledge and understand that providing false information is cause for disqualification from consideration for this scholarship.

Printed Name: _____
Signature: _____
Date: _____