ALLIANCE FOR
HISPANIC
ADVANCEMENT

2025 Scholarship Application

The **Alliance for Hispanic Advancement (AHA)** scholarship is for students that plan to attend a **vocational, trade school, community college,** or **university**. The scholarship award is up to $500 for one academic year. Scholarship applications are evaluated by an impartial scholarship committee utilizing a rubric process. Preference will be given to those with strong academic performance, community involvement, and financial need..Recipients of the scholarship are encouraged to enroll and take a minimum of 6 units or equivalent at an accredited school. AHA also encourages applicants to participate in AHA community events and/or committees. Complete application and requested documentation must be postmarked or submitted online by **April 25, 2025** for consideration.

AHA Scholarship Criteria

1. Applicant must be a resident of Yuba or Sutter Counties.
2. Applicant must be graduating from a Yuba or Sutter County school by summer 2025.
3. Applicant must *thoroughly* answer all application questions. If additional space is needed, list the question number, utilize the additional information space on page 4, or use separate pages.

The following documents must be included for a *complete application*, postmarked or submitted by April 25, 2025 for the application to be considered:

1. Current **official** high school transcript sealed/stamped/signed by a school official.
2. Copy of your school identification card or state issued identification.
3. Complete AHA scholarship application.
4. One letter of recommendation. Letter of recommendation must be from a school faculty member or community member (must be a non-relative).

The application can be submitted online OR by mail:

Please submit completed application and requested documents at the following address:

https://aha-ys.org/education/scholarships/

Please mail completed application and requested documents to the following address:

AHA Scholarship Committee
P.O. Box 3743
Yuba City, CA 95992

Applicants wishing to receive confirmation of receipt of their application may send a self-addressed, stamped envelope along with their application. Scholarship recipients will be notified in May. Applicants will not otherwise be advised as to the status of their applications.

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Last Name: _____ First: _____ Middle Initial: _____

Address: _____ City: _____ CA Zip Code: _____

Email address: _____

Home phone: _____ Cell phone: _____

High School: _____

Gender: _____ Date of Birth: _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Are you currently employed? _____
If yes please provide name of employer and brief description of duties. _____
_____
_____
_____

What college do you plan on attending fall 2025? _____

Annual household income: _____

Number of adults in household: _____

Number of children (under 18) in household: _____

Are you an AHA member/volunteer? _____

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1. Tell us about yourself and your background. What does it mean to be of Hispanic heritage and how has that shaped your view of the world? (70 words minimum)

2. How active are you in volunteering in your community and or school, e.g. after school programs, youth service clubs, church groups etc.? What is your motivation or inspiration for your involvement? (70 words minimum)

3. What course of study do you plan on pursuing? Why have you chosen this course of study? (70 words minimum)

4. What challenges have you had to overcome in your life? (70 words minimum)

Additional Information:

I hereby certify that the information provided in this application is complete and accurate to the best of my knowledge and that no one has helped me in answering aforementioned.

I hereby authorize AHA officials to verify the information provided.

I understand that by providing **false** or **incomplete** information I will disqualify myself from the scholarship.

I understand that as a recipient of AHA scholarship I will serve the community and support the mission of AHA.

Applicant Signature: _____ Date: _____