



Portuguese Historical Center Scholarship Application

Name: _____ Phone: _____

Residence Address: _____

City/Zip: _____

Birthplace: _____ Date of birth: _____

Ancestry: _____

School: _____

School Address: _____

School City/State/Zip: _____

When will you graduate? _____

Name and Address of College or University you're planning to attend: _____

Name of **PHC Sponsor/Member**: _____ Relationship: _____

Address: _____

City/Zip: _____ / _____

Date Sponsor/Member joined PHC: _____

Signature of Applicant: _____ Date: _____

*Submit completed application and documentation to the PHC Scholarship Committee:

Portuguese Historical Center
Attn: Scholarship Committee
P.O. Box 60749
San Diego, CA 92166
Telephone: (619) 223-8893

(*Please see further instructions and sponsor requirements for a valid application on Page 2*)

Requirements for 2012 PHC Scholarship Award

No applications will be accepted after **April 1st**, nor will it be considered valid if the required supporting documents are not included and the following requirements met:

1. **Sponsor/Member** must be a Parent, Grandparent, or Great-grandparent and a member of the PHC.
2. **Sponsor/Member** must be a member in good standing of the PHC for a period of no less than twelve months (Minimum of 1 Year, preceding in May).
3. Applicant must be a graduating senior at the time of application, or have graduated from high school during the current year.
4. Applicant must have maintained a minimum of a **3.00 Grade Point Average** (2.50 if applicant has a documented learning disability) throughout their high school career; *verified* by school administrator and an *official transcript*.
5. Applicant must meet all requirements for admission to the accredited college, university or trade school of their choice.
6. Applicant must present **3** (minimum) **Letters of Recommendation** from individuals who will vouch for the candidate's *academic standing, character and school activity record*. The letters (1 each from the following 3 categories) *must* be from: (A) a **Principal, Dean or Counselor**, (B) a **Teacher** at the high school attended; and (C) any other source *except* a relative. Individuals writing letters must include their titles and relationships. Requesting letters as early as possible is recommended.
7. Any award will be made on a competitive basis, consideration being given to scholastic attainment, character and promise. The intent of the donors of this award is to assist students who have demonstrated ability and sincere purpose to secure an education.
8. A **\$500.00** scholarship will be granted to the successful applicant, with payment being made to the accredited institution specified by the student. Other stipulations include:
 - Enrollment in a university, junior college, or accredited trade school shall be in the Fall following high school graduation unless otherwise requested.
 - A recipient enrolling in a junior college or trade school can request the full scholarship amount of \$500.00 to be received upon transfer to an accredited 4-year college or university. (**For a maximum hold of 3 years**).
 - This application form is for the use of students applying for admittance in any accredited college, trade school or university in the U.S.A. only.

A COMPLETED APPLICATION PACKET SHOULD INCLUDE THE FOLLOWING 7 DOCUMENTS:

- Scholarship Application
- Activity Record Worksheet
- School Transcript
- Personal Statement: For what business or profession are you preparing, and why?
- 3 Letters of Recommendation as outlined above.

Recommendation Letters

Three letters of recommendation must be submitted on behalf of each Applicant. One of the letters of recommendation must be from a Dean, Principal or Counselor and discuss the Applicant's school activity record, character and academic standing. The second letter must be from a Teacher at the high school attended. Third letter must be from any source *except* a relative.

Identify below the three individuals you have requested to submit recommendations on your behalf.

Name: _____ Title: _____

Address: _____

Daytime telephone number: _____

Name: _____ Title: _____

Address: _____

Daytime telephone number: _____

Name: _____ Title: _____

Address: _____

Daytime telephone number: _____

"I certify that all of the information provided herein is, to the best of my knowledge, correct."

Applicant's Signature X _____ Dated _____

**PORTUGUESE HISTORICAL CENTER
ATTN: SCHOLARSHIP COMMITTEE
P.O. BOX 60749
SAN DIEGO, CA 92166
PHONE NUMBER: 619-788-8170 (Daniel A Silva)**