



**Hispanic Association of Colleges & Universities (HACU)  
2019 Hispanic-Serving School District (HSSD) Affiliate Application**

**HACU** *\*\* Please note that all the information provided in this affiliation application, with the exception of payment information, may be used in HACU publications such as the HACU Membership Directory. Member Contacts will also be sent regular benefit notifications throughout the year and the contact list may also be shared with outside sources.*

**I. District Information**

District Name: \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

General Phone: \_\_\_\_\_ Website/URL: \_\_\_\_\_

**II. Enrollment Information for 2018-2019 School Year**

Elementary School		Middle School		High School		District Total	
Total Students		Total Students		Total Students		Total Students	
Hispanic Students		Hispanic Students		Hispanic Students		Hispanic Students	
% Hispanic		% Hispanic		% Hispanic		% Hispanic	

**III. District Contacts**

HACU will maintain three contacts for each district member. The Superintendent, District HACU Contact, and the Administrative Assistant will receive information from HACU as part of our affiliation benefits. Please inform us of any personnel or contact information changes so that we may keep your district profile up-to-date.

**Superintendent:**  Dr.  Mr.  Ms. \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Admin Assistant:**  Dr.  Mr.  Ms. \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**District HACU Contact:**  Dr.  Mr.  Ms. \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**IV. Signed Declaration by or on behalf of the Superintendent**

As required by HACU’s bylaws, I declare that the Superintendent named in this application authorizes this affiliation and that the agency seeking affiliation is in agreement with the purposes of the Association and will take appropriate actions to achieve them.

HACU’s mission is:

- To promote the development of member colleges, universities and school districts;
- To improve access to and the quality of post-secondary educational opportunities for Hispanic students;
- To meet the needs of business, industry and government through the development and sharing of resources, information and expertise.

In affiliating with HSSDs, HACU aims to promote the development of member Hispanic-Serving School Districts through organizational capacity building for greater student success. For a copy of HACU’s bylaws, please visit HACU’s Web site or contact HACU at (210) 576-3214 or [ibosquez@hacu.net](mailto:ibosquez@hacu.net).

Name:  Dr.  Mr.  Ms. \_\_\_\_\_ Position Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**V. Method of Payment**

Invoices will be e-mailed to both the Superintendent and HACU Contact upon approval of this application. If additional individuals need a copy of the invoice, please forward the invoice e-mail to them or contact the Membership Department. If paid by credit card, your card will be charged upon approval of the affiliation application. **All payments are net due in 90 days in order to avoid membership cancellation.** Affiliation year follows the calendar year and runs from January 1 – December 31. **HACU Federal ID# 74-2466103**

Total Enrollment (2018-2019 School Year)	HSSD Dues
>99,999	\$2,100
50,000 – 99,999	\$1,840
10,000 – 49,999	\$1,575
1,000 – 9,999	\$1,050
<1,000	\$ 525

Purchase Order # \_\_\_\_\_  Check (Payable to: “HACU”) 2019 Dues \$ \_\_\_\_\_

Credit Card:  AmEx  VISA  MC Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

**VI. Questions for NEW members**

How did you learn about HACU? \_\_\_\_\_

What is your primary reason for joining HACU? \_\_\_\_\_

What do you expect from your affiliation? \_\_\_\_\_

**Please submit the HSSD Affiliate application to:**  
 HACU • Membership Department • 8415 Datapoint Drive, Suite 400 • San Antonio, Texas 78229  
 Tel: (210) 576-3213 • E-mail: [memberinfo@hacu.net](mailto:memberinfo@hacu.net)