



Hispanic Association of Colleges & Universities (HACU) 2024 Hispanic-Serving School District (HSSD) Affiliate Application

Please note that the information provided in this affiliation application, except for payment information, may be used in HACU publications. Member Contacts will be sent regular benefit notifications throughout the year and the contact list may be shared with outside sources. **Membership year follows the calendar year and runs from January 1 – December 31.**

I. District Information

District Name: _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip: _____

General Phone: _____ Website/URL: _____

II. Enrollment Information for 2023-2024 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 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. ***Contacts required to process membership.***

Superintendent: ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mx. _____

Title: _____ Department: _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Admin Assistant: ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mx. _____

Title: _____ Department: _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

District HACU Contact: ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mx. _____

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) 692-3805 or hacu@hacu.net.

Name: ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mx. _____ Title: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

V. Method of Payment

Upon approval of this application, invoices will be e-mailed to the Admin Assistant Contact. If additional individuals need a copy of the invoice, please forward the invoice e-mail to them. If paid by credit card, your card will be charged upon approval of the affiliation application. **All payments are net due in 90 days to avoid membership cancellation. HACU Federal ID# 74-2466103**

Total Enrollment (2023-2024 School Year)	HSSD Dues
< 1,000	\$ 575
1,000 – 9,999	\$1,200
10,000 – 49,999	\$1,650
50,000 – 99,999	\$1,900
> 99,999	\$2,200

☐ Purchase Order # _____ ☐ Check (Payable to: "HACU") 2024 Dues \$ _____

Credit Card: ☐ 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? _____