



WASHINGTON, D.C.
METRO HBCU ALUMNI
ALLIANCE, INC.
(DCHBCUAA)

SCHOLARSHIP APPLICATION
2017-2018 School Year

Applicant Name _____

The application deadline is Wednesday, May 31, 2017. Application packages postmarked and/or emailed after May 28, 2016 will not be considered for the scholarship. Applicants must meet the following criteria in order to be eligible for the DCHBCUAA scholarship: 1) must attend a [DCHBCUAA member](#) institution; 2) must be an entering freshman or returning upperclassman student; and 3) must reside in the Washington, D.C. metropolitan area. We will notify the winner of the \$1,000 scholarship via email. **The winner (or a family member) must be present at the 5K Run/2K Walk: Health, Hunger, and Higher Education Community Fair.** The winner will receive additional details about the event via email.

Student Information

(Please print in black or blue ink, or type your responses.)

First Name		Last Name	
Home Address		City, State, Zip Code	
Cell Phone Home Phone		Email Address	
DCHBCUAA Member Institution		Acceptance Date	

Please complete the section below with your current information. You must be an entering freshman or returning upperclassmen of a DCHBCUAA member institution to be eligible for the scholarship. Please attach a copy of your acceptance letter or University good standing letter.

High School/ College Attended		Principal/ Dean's Name	
School Address		School Phone	
G.P.A.		Graduation Date	

As a requirement for the scholarship, you must attach an official copy of your transcript. (If you are an entering freshman, please attach your high school transcript. If you are a returning upperclassman, please attach your college transcript).

References

Please provide three references, who can speak knowledgably about you. References can include a: teacher, pastor, guidance counselor, community service representative, etc. The reference cannot be a family member or someone related to you.

First Reference		Phone	
Occupation		Email address	

Second Reference		Phone	
Occupation		Email Address	

Third Reference		Phone	
Occupation		Email Address	

The DC Metro HBCU Alumni Alliance, Inc. provides equal educational opportunities and is open to all qualified students who are interested in attending a DCHBCUAA member institution. The DCHBCUAA offers programs, activities, and scholarships to students in the Washington, D.C. Metropolitan Area without regard to race, color, national origin, religion, sex, familial status, or disability.

Applicant name _____

Parent/Legal Guardian Information

Parent/Legal Guardian #1

First Name	Last Name
Address	City
State	Zip code
Phone	Email Address
Employer/Occupation	
Annual Income Please circle one	<input type="checkbox"/> Unemployed <input type="checkbox"/> \$20,000 -\$39,999 <input type="checkbox"/> \$40,000-\$59,999
Individual Joint	<input type="checkbox"/> \$60,000-\$79,999 <input type="checkbox"/> \$80,000-\$99,999 <input type="checkbox"/> Other

Parent/Legal Guardian #2

First Name	Last Name
Address	City
State	Zip code
Phone	Email Address
Employer/Occupation	
Annual Income Please circle one	<input type="checkbox"/> Unemployed <input type="checkbox"/> \$20,000 -\$39,999 <input type="checkbox"/> \$40,000-\$59,999
Individual Joint	<input type="checkbox"/> \$60,000-\$79,999 <input type="checkbox"/> \$80,000-\$99,999 <input type="checkbox"/> Other

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Applicant name _____

In the space provided below, please type a 250 word essay describing two major experiences that influenced your decision to attend a Historically Black College and University (HBCU). If you prefer not to use the space below, you may attach your typed essay. Your essay should be double-spaced, using 12-point font. Essays will be critiqued in the following areas: ability to follow directions, ability to communicate clearly, appropriate use of grammar and sentence structure, originality, content creativity, and whether your writing conveys a clear & concise thought process.

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Applicant name _____

In submitting this application, I and my parent(s)/legal guardian(s) certify that the information provided is complete and accurate to the best of our knowledge. If requested, we agree to provide proof of the information listed in this application. We understand that falsification of information may result in termination of any scholarship granted, or repayment of a granted scholarship. Only one application per applicant will be accepted.

Student Signature

Date

Parent/Legal Guardian Signature

Date

Please submit the completed application by Wednesday, May 31, 2017 via email or postal mail:

E-mail:

scholarships@dchbcu.org

Postal Mail:

Washington, D.C. Metro HBCU Alumni Alliance, Inc.

Attn: Scholarship Committee

P.O. Box 9833

Washington, D.C. 20016

Checklist:

- High School/College Transcript
- College Acceptance Letter/College Letter of Good Standing
- 250 word Essay
- Name appears at the bottom of each page
- Student Signature/Date
- Parent Signature/Date
- Postmarked/Emailed by Wednesday, May 31, 2017

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