

Northern California Historically Black College and University Alumni Associations Coalition

PO Box 24781 Oakland, CA 94615-9719

APPLICATION FOR SCHOLARSHIP

PLEASE PRINT IN BLACK OR BLUE INK ONLY

Section A. Personal I	Data							
Full Name:								
	Last					First		M.I.
Address:								.
	Street Address						Apartm	ent/Unit #
	Citv						State	ZIP Code
Home Phone:	()				_Mobile Phone: <u>(</u>)		
Email Address:						Date of	Birth:	
Sex: (please circle on	e)	1	Female	Male				
Section B. Educationa	al Information							
Address (While attend	ing college):							
		Street						
City					State		Zip Cod	
City					State			le
Home Phone:	()				_Mobile Phone: ()		
Major:				Minor:				
SAT Score:			ACT Score:			GPA:		
High School:						Graduation I	Date:	
	Name			City			-	

Application continue

Jr. College, College or University transferring from (if applicable):

	Name		
City	State		
Other Colleges or Universities applied:			
Name		City	State
Section C. Financial Information			
Other financial assistance applied for and /or received: (check all	that apply)		
Financial Aid Work Study Pell Grant	Student Loan	_ Scholarship	
Other (please specify)			
What alternative plans do you have for your future if financial suppresponse.	port is not available? Ple	ease attach a separate	e sheet with your
Section D. Extra Curricular Activities			
List any school offices or positions held, honors or awards receive Attach a separate sheet with your response.	d, organizations or mem	berships you belong t	o, etc.
Section E. Photo Required			
Please attach a 2 x 2 or larger color photo with your name printed	on the back.		
Section F. Certification			
т			
I, Applicants name / please print			
certify that the information given in these documents are true and	accurate.		
Signature			Date

Note: You must submit an official transcript from your college or high school.

FOR HBCUC OFFICER USE ONLY BELOW							
DATE RECEIVED	RECEIVED BY						
APPROVED/ DENIED BY			CHECK NUMBER	DATE SENT			