



Northern California  
Historically Black College and University  
Alumni Associations Coalition  
PO Box 24781 Oakland, CA 94615-9719

**APPLICATION FOR THE ORACLE CORPORATION STEM BOOK AWARD**

PLEASE PRINT IN BLACK OR BLUE INK ONLY

**Section A. Personal Data**

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: ( ) Mobile Phone: ( )

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: (please circle one) Female Male

**Section B. Educational Information**

Address (While attending college): \_\_\_\_\_  
Street

City State Zip Code

Home Phone: ( ) Mobile Phone: ( )

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

SAT Score: \_\_\_\_\_ ACT Score: \_\_\_\_\_ GPA: \_\_\_\_\_

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
Name City

Application continue

Name \_\_\_\_\_

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 support is not available? Please attach a separate sheet with your response.

**Section D. Extra Curricular Activities**

List any school offices or positions held, honors or awards received, organizations or memberships you belong to, etc. Attach a separate sheet with your response.

**Section E. Photo Required**

Please attach a 2 x 2 or larger color photo with your name printed on the back.

**Section F. Certification**

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 university.

**FOR HBCUC OFFICER USE ONLY BELOW**

DATE RECEIVED \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

APPROVED/ DENIED BY \_\_\_\_\_ AMOUNT \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_ DATE SENT \_\_\_\_\_