

**D.C. Metro Alumni Chapter, Inc. of the Stillman College**

**Scholarship Application**

**P.O. Box 4415**

**Washington, D. C. 20017**



**Personal Data:**

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone : ( ) \_\_\_\_\_ Home Phone : ( ) \_\_\_\_\_

Parents or legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Numbers of Parents or Guardian: (H) ( ) \_\_\_\_\_ (W) ( ) \_\_\_\_\_ (C) ( ) \_\_\_\_\_

**Education:**

Name of High School: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ First Time Applicant \_\_\_\_\_ Returning Applicant [year(s) awarded] \_\_\_\_\_ (See Returning Awardees' Guidelines)

**Work History: (if applicable)**

\_\_\_\_\_

**Community Service:**

\_\_\_\_\_

**Church Service:**

\_\_\_\_\_

*I certify that all information supplied on the application is true and correct to the best of my knowledge.*

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

**ATTENTION:** First time applicants submit two letters of recommendation (example Teacher, Guidance Counselor or Pastor). An essay of at least 500 words indicating interest in attending Stillman College and why the applicant should be awarded the scholarship. *Continuing applicants submit an essay of at least 500 words highlighting their academic achievements and experiences at Stillman.* **INCOMPLETE APPLICATION WILL NOT BE SUBJECT FOR REVIEW. ALL SCHOLARSHIP AWARDED WILL BE PAYABLE TO STILLMAN COLLEGE. Completed application DUE May 31th, Scholarship awarded by JUNE 30<sup>th</sup>. Forward completed application to the above address.**