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Atlanta Alumni Chapter of
South Carolina State University National Alumni A
PO Box 310774
Atlanta, GA 31131-0774
www.scsuatbulldogs.org



2019 Metro Atlanta Alumni Chapter, South Carolina State University
Student Scholarship Application Form
(PLEASE PRINT)

Full Name: _____

Address: _____

Phone #: _____ City/State/Zip: _____

High School Name/School District:

Address/City: _____

SAT Scores: (V) _____ (M) _____ ACT Composite Score _____
Grade Point Average: _____ Rank in Class / Class Size: ____/____

References: Sr. Counselor _____

Teacher/Alumnus/Mentor _____ (Choose One)

DOCUMENTS PROVIDED:

School Activities: _____

Special Honors, Awards, and/or Recognition: _____

Areas of Special interests, Talents, Hobbies, Etc.: _____

Scholarships/Grants/Loans Awarded or Applied to Fund SCSU Education _____

I hereby guarantee that all information is accurate and valid to the best of my knowledge.

(Student Signature) (Date)

(Parent or Guardian Signature) (Date)

IMPORTANT: Metro Atlanta student eligibility, as defined by State of Georgia. Remember to include 2 letters of recommendation from your counselor and a teacher, community mentor or Non-family SCSU alumnus. Application, essay, FAFSA Award Letter and accompanying documentation must be sent to: Scholarship Chairperson, Atlanta Chapter SCSU Alumni Association, Inc., P. O. Box 310774, Atlanta, GA 31131.

Deadline: Application Form & all eligible documents requested must be uploaded or postmarked by Friday, May 24, 2019 - No exceptions. Erika Jennings, Chairperson, Metro Atlanta Scholarship Committee, SCSUNAA Atlanta https://scsuatbulldogs.org/scholarship