



Alexandria Old School Alumni Association (AOSAA), Inc.
P.O. Box 25064
Alexandria, VA 22313

SCHOLARSHIP APPLICATION FOR YEAR 2025

The Alexandria Old School Alumni Association announces its annual Scholarship Award Program. The student will be selected based on the following criteria and must be a graduating senior.

1. Graduating senior.
2. Applicants must have a relative who graduate from Parker-Gray, George Washington or T.C. Williams High School. T.C. Williams students are exempt from this requirement. Applicants must have a 2.00 grade point average or above.
3. Photo required.
4. Participate in school activities and be community active, (i.e.) church or community-based activities). The pandemic will be taking in consideration.
5. Accepted to a two-year, four-year institution or vocational school.
6. Letter of recommendation (2).
7. One-page essay of plans after college or career goals
8. Copies of school transcripts.

To apply for a scholarship, the applicant must complete the application process. All materials requested must be submitted to the scholarship committee by **May 19, 2025**, to the address listed above or email to clindalove@comcast.net.

LETTERS OF RECOMMENDATION ACCEPTED FROM:

Teacher
Minister
Guidance Counselor
Community Leader

The scholarship committee of the Alexandria Old School Alumni Association will select all scholarship winners. The winners will be notified by letter and will be officially recognized in a virtual zoom presentation sponsored by the Alexandria Old School Alumni Association. Winners must join us on zoom to accept their awards.

Thank You!

Ms. Linda Reed Howard (301) 283-6026

Chair, 2025 Scholarship Program



Alexandria Old School Alumni Association (AOSAA), Inc.

Name: _____ Telephone _____

Street Address _____

City/State _____ Zip Code: _____

School _____ Graduation Date: _____

Date of Birth _____

Name of Parents or Guardian _____

Address _____

Name and relative who attended or graduated from Parker-Gray, George Washington,
Francis C. Hammond or T.C. Williams High School.

Name of School _____

Years attended _____ *Year graduated* _____ *relationship* _____

Applicant

School Activities (Indicate offices held and year(s))

Church Community and Service Activities (*Indicate offices held and years(s)*)

Special Honors and Awards, Recognition Etc. (*Scholarship and Community*)

Educational Institution (*s*) to which you have applied

SUBMIT ON SEPARATE PAGE A ONE PAGE DOUBLE SPACED ESSAY ON CAREER GOALS OR ESSAY ON WHAT YOUR PLANS ARE AFTER COLLEGE*

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE.

Applicant's signature _____ Date: _____

Have your counselor sign completed application below.

COUNSELOR _____ Date _____ Telephone _____

NOTE: You must include in your completed application the name of the educational institution you will attend and the acceptance letter from the institution.