

Eboni Eyes “My Story, My Superpower” Scholarship Application

Date: _____

Name: _____

Address: _____

(***Full address, if selected this is where your scholarship aware will be sent)

Phone: _____ Email: _____

High School Attended _____ Year in school: _____

GPA: _____ (verify by including transcript with application)

SAT/ACT Score: _____

Extracurricular Activities: _____

Community Service hours: _____

Description of type of Community Service provided: _____

College you plan to attend: _____ Major: _____

Essay Topic (Up to 500 words): Describe how you are learning to own your unique experiences and how they are shaping your sense of purpose.

Scholarship deadline: December 12, 2025

Return Application to:

Eboni Eyes Foundation
c/o Charleese Hasan
8105 River Bend Ct
Ft. Washington, MD 20744
Or email: support@ebonieyes.org