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B L A C K M E N **Of Stamford, Inc.**



Scholarship Application

2019-2020

PLEASE SUBMIT DOCUMENTS:

NO EARLIER than January 1, 2019

NO LATER than April 1, 2019



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**BLACK MEN
Of Stamford, Inc.**

2019-2020 SCHOLARSHIP APPLICATION

PLEASE PRINT OR TYPE ALL INFORMATION

Applicant Personal Data:

Full Name _____

Address _____

City/State/Zip _____ Phone _____

Social Security Number _____ Email Address _____

Applicant High School Data:

(To be completed only by high school students transitioning to college)

Name of School _____

Address _____

City/State/Zip _____ Principal Phone _____

Grade Point Average _____

Applicant College Data:

(To be completed only by college students and high school students who have accepted a college admission offer)

Name of School _____

Address _____

City/State/Zip _____ Phone _____

Grade Point Average _____ Current/Proposed Major Field of Study _____

Applicant Leadership Data:

Please list and describe any leadership activities in which you have engaged over the past 3 years.

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Reference: Name, Address and Phone Number of Person Providing Written Reference

Name _____ Phone Number _____

Address: _____

Career Goals: Briefly state your career goals in twenty-five words or less.

100 Black Men Affiliation:

Are you or have you been involved in any 100 Black Men program initiatives (for example, mentoring, tennis)?

YES NO If YES, list the program, how you are or were involved and when.

Are you a previous 100 scholarship recipient? YES NO If YES, what year? _____

Signature of Applicant

Date

Internal Use Only: Award Amount: \$ _____ Reviewed By: _____

Items Received: Application GPA Essay Transcript Community Service Form
 Reference

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Community Service Confirmation Form

Please use a separate form for each organization with which you performed Active Community Service.

ACTIVE COMMUNITY SERVICE includes, for example: Serving food to the homeless through soup kitchen or shelter, Tutoring students, Picking up litter and recycling, Coordinating a community food/shelter drive.

PLEASE PRINT OR TYPE ALL INFORMATION

I, _____, in accordance with the 100 Black Men of Stamford, Inc., scholarship eligibility requirements, verify that I performed Active Community Service with the following organization:

Name of Organization

Address

City, State, Zip Code

Name of Project

Briefly describe the service project/duties:

Total Hours of Active Community Service* Performed

Signature of Applicant

Date

Signature of Supervisor

Date

Supervisor's Title

Phone Number