

The Black History Card Scholarship Application

Date: _____ Scholarship Name: _____

Student Information

Name: _____ Student Number: _____

Address: _____

Town: _____ City: _____ State: _____ Zip: _____

Family Information

Mother's Name: _____ Father's Name: _____

Is she living? _____ Is he living? _____

Home Address if different from yours: _____

Occupation: _____ Occupation: _____

Organization: _____ Organization: _____

College (if any): _____ College (if any): _____

Highest Degree: _____ Highest Degree: _____

Year: _____ Year: _____

If not with both parents, with whom do you make your permanent home? _____

Total number of children living at home including yourself: _____

Total number of others currently attending college: _____

Schools Applied to for Fall 2009

Name of College	Program Length	Location	Tuition/fees per year	Accepted?	Attending?
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____

Degree or career choice: _____

