

**BOWIE MITCHELLVILLE ALUMNI CHAPTER**

**(BMAC)**

**SCHOLARSHIP APPLICATION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Developed by the KAPPA ALPHA PSI BMAC Scholarship

Committee under the guidance of:

The BMAC Diamond Foundation

Bobby Henry, President

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| **James Janifer, Chairman - Scholarship Committee** |

Application Email Address: bmac.df.scholarship@gmail.com

**BMAC COLLEGE BOOK SCHOLARSHIP**

**APPLICATION**

**REQUIREMENTS**

**APPLICANT INFORMATION:**

√ **MUST** be a high school graduating senior or GED recipient or currently enrolled in a post-secondary institution of higher education.

√ **MUST** provide confirmed acceptance for enrollment as a full-time student into a post-secondary institution of higher education during the following fall semester pursuing an associate’s or bachelor’s degree.

√ **MUST** provide Student Aid Report (SAR) from the Free Application for Federal Student Aid (FAFSA)

√ **MUST** have a minimum 2.5 cumulative grade point average.

√ **SHOULD** be active in extra-curricular activities.

√ **MUST** be an African American male living in Prince George's County, MD.

**Up to $1000 will be awarded**

**APPLICATION PROCEDURES:**

√All requested information must be typed.

On a separate page, write a short essay. (See Application Form for details.) Appearance, spelling and grammar will be considered in the evaluation of application.

√ Submit proof of acceptance to the college you will attend.

√ Your Application Package should only consist of the following:

1. Pages 4, 5, and 6 of the Application.
2. The college acceptance letter.
3. Two letters of recommendation.
* Please scan completed application into a file and send it via e-mail to the email addresses listed on the cover page NLT May 2, 2016:

**APPLICATION DEADLINE:**

* All material must be submitted by May 2, 2016.
* All information on the application form is considered confidential.
* All submitted material becomes the property of the BMAC Foundation.

**NOTICE TO APPLICANT**

* APPLICATIONS SUBMITTED WITHOUT THE REQUESTED INFORMATION WILL BE DEEMED INCOMPLETE AND WILL NOT BE CONSIDERED.
* This scholarship will be a one-time award with varying amounts of up to $1000.

**KAPPA ALPHA PSI BMAC**

**BMAC COLLEGE BOOK SCHOLARSHIP APPLICATION FORM**

Please supply all requested information. Applications must be completed and returned to the e-mail addresses above by May 2, 2016.

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| **Applicant Information** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(Last Name) (First Name) (Middle Initial)**

**Street Address:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_,\_\_\_\_\_\_

 **(House # and Street) (City) (St.) (Zip)**

**Name of Subdivision/Community:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone No: ( ) \_\_\_\_\_\_-\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_/\_\_\_\_\_ S. S.N.** \_\_\_\_\_-\_\_\_\_-\_\_\_\_

 **Cell. / Hm.**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **School Information** |

Name of High School Presently Attending:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(High School Name) (City/St.)**

Current High School Grade Level: 9th 10th  11th 12th Cum. G.P.A. \_\_\_\_\_\_\_\_\_\_

List the name of the college/university accepted to and will be attending:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(College/University) (Address) (City/St.) (Zip)**

Academic year: Fall Sem. 20\_\_\_\_ Spring Sem. 20\_\_\_\_

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| **Parent /Guardian Information** |

***Parent/guardian section must be complete if under age 18.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent 1 - (Last Name) (First Name)**

**Street Address:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_,\_\_\_\_\_\_

 **(House # and Street) (City) (St.) (Zip)**

**Telephone No: ( ) \_\_\_\_\_\_-\_\_\_\_\_\_ ( ) \_\_\_\_\_\_-\_\_\_\_\_\_**

 **Mobile Home**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **BMAC SPONSOR INFORMATION** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(Last Name) BMAC SPONSOR (First Name)**

**Telephone No: ( ) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_**

 **Mobile Home**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Circle One***

**Active/Financial During Current Fraternal Year: YES or NO**

**Chapter Initiated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Initiated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Membership # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Official Office/Committee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BMAC MEMBER SPONSOR**

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| **Consent Form** |

Itemize the tuition for one (1) FULL ACADEMIC SEMESTER at the above college/university.

Tuition: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Books: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total: $\_\_\_\_\_\_\_\_\_.00

*I HEREBY CERTIFY that all statements made herein, and on any attachments enclosed herein, are true and correct to the best of my knowledge. The undersigned hereby irrevocably consent to and forever authorize the BMAC Foundation or anyone authorized by the BMAC Foundation the absolute and unqualified right to use data relating to the undersigned in any manner the BMAC Foundation desires, including, without limitation, the right to use such material, etc., in any advertisement, publicity, newsletter or other publications or broadcasts. In addition, the undersigned hereby release and discharge the BMAC Foundation from any and all claims and demands that the undersigned may have now or in the future, which arise out of or in connection with the use of such materials. (If applicant is under age 18, parent/guardian must sign.)*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Applicant Parent/Guardian

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_