

## African Association of Madison, Inc. (AAM) P.O. Box 1016, Madison, WI 53701-1016

info@africanassociationofmadison.org • www.africanassociationofmadison.org

## AAM Scholarship Awards Program For High School Graduates Pursuing College Education

The African Association of Madison (AAM), Inc. is a non-profit organization that serves as a forum to unite in purpose people of African descent and friends of Africa. The Association provides services and engages in activities that promote and encourage the collective cultural, social, educational and economic welfare of the community.

AAM invites applications for its **2023 Scholarship Awards Program**. Scholarships are to be awarded to qualified graduating high school seniors pursuing college education.

#### **Instructions**:

Please complete the form below, and return with all required documentation to The Scholarship Committee, African Association of Madison, Inc., P.O. Box 1016, Madison, WI 53701-1016, by ordinary mail postmarked no later than <u>March 31, 2023</u>. Late applications will not be considered.

If more space is needed for your answers, please use the back of this form.

#### **Eligibility Criteria:**

- 1. Must be a resident of Wisconsin who is graduating this year from a Wisconsin high school.
- 2. Must be accepted into a 2-year or 4-year college or university program for the 2023/24 academic year.
- 3. Must show evidence of financial need.
- 4. Must be involved in the community.

Minority students are strongly encouraged to apply.

Successful candidates will be notified by April 28, 2023.

Applicants and their parents are encouraged to become AAM members.

This announcement and the application form are also available on the AAM website, http://www.africanassociationofmadison.org/scholarship.aspx



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### **AAM Scholarship Application Form**:

Name of Applicant:							
	First name	M.I.	Last name				
Date of birth:							
Address:							
City:	State	e:	Zip:				
Telephone:	E-m	ail:					
Names of Parent(s) or	Guardian(s):						
Address:							
City:	State	e:	Zip:				
Telephone:	E-m	ail:					
, ,	r guardians members		<del></del>				
Address:							
Graduation date: _		Cumulative GPA:Scale:					
•			ommendation from a High School etter must be on the school's				
College or University y	ou will be attending:						
Address:							
Note: you must sul	bmit with this applica	tion a copy of you	r letter of college acceptance.				
Community Involveme	ent (please describe):						

Financial need (plea	ase explain):		
Honors/awards: Academic:			
Other:			

#### **Personal Statement:**

On a separate sheet of paper, please provide a brief statement of your academic and career goals and your professional aspirations. Limit your statement to one page.

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Mail your completed application form, together with other required documents, to:

The Scholarship Committee
African Association of Madison, Inc.
P.O. Box 1016
Madison, WI 53701-1016

Please include a stamped, self-addressed envelope with your application materials.

Applications must be postmarked no later than March 31, 2023 to be considered.

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Checklist: did you include the following items?

- 1. Completed Scholarship Application Form
- 2. Letter of recommendation from a high school teacher, guidance counselor, or principal or vice-principal. Letter must be on the school's letterhead.
- 3. A copy of your letter of acceptance from the college or university you will attend.
- 4. Your Personal Statement.
- 5. A stamped, self-addressed envelope.