

African Association of Madison, Inc. (AAM)

Scholarship Application Form

2018 High School Graduates Pursuing An Undergraduate Degree

Instructions:

Please complete this form, 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 May 30, 2018. Applications postmarked after that date will not be considered. If you need more space for your answers, please use the back of this form.

Application form:

Name of applicant: _____

First name

M.I.

Last name

Date of birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Names of parent(s) or guardian(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Are your parents or guardians members of AAM? Yes: _____ No: _____

High school from which you are graduating: _____

Address: _____

Graduation date: _____ Cumulative GPA: _____ Scale: _____

Note: you must submit with this application a letter of recommendation from a high school teacher, guidance counselor, or principal or vice-principal. Letter must be on the school's letterhead.

College or university you will be attending: _____

Address: _____

Note: you must submit with this application a copy of your letter of acceptance.

Community involvement (please describe): _____
