AkroN
Alliance
of Black
School
Educators



P.O. Box 2853 Akron, OH 44309-2853

"It takes a whole village to raise one single child."
-African Proverb

HELEN E. ARNOLD MEMORIAL SCHOLARSHIP STUDENT APPLICATION

Scholarship applications are due by Friday, February 29, 2012. Please print or type on application.

Mail all completed applications to P.O. Box 2853, Akron, 44309-2853

Scholarship awards not claimed by deadline will be forfeited.

STUDENT NAME			
ADDRESS			
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER			
HIGH SCHOOL			
GRADE	Cumulative GPA	CLASS RANK	
ABSENCE (UNEXCUSE	D) TARDII	ES (UNEXCUSED)	
ACT SCORE	SAT SCORE		
PROBABLE MAJOR			
CAREER CHOICE			
COLLEGES/POST-SECONI	DARY ACCEPTED		
PARENT/GUARDIAN			
OCCUPATION	EMPLOYED BY		
PARENT/GUARDIAN			
		·	
NUMBER OF FAMILY MEN	MBERS IN HOME		
		pport for college expenses	

EXTRA-CURRICULAR ACTIVITIES (Include offices or positions held in high school.) SCHOOL HONORS & AWARDS COMMUNITY/CHURCH ADDITIONAL INFORMATION (Please include any information you would like for us to consider, i.e. financial need, community involvement not mentioned above) THE FOLLOWING ITEMS MUST BE INCLUDED WITH YOUR APPLICATION: 1. A letter of recommendation from an Akron Public Schools administrator, counselor, teacher, or coach. 2. A copy of current transcript, an Individual Attendance Report for the 2011-2012 school year, permanent record card and a current photo. Please make sure that photos are appropriate for inclusion in the program booklet (see example). Photos will be returned after scholarship selection. 3. A one-page, double-spaced, typed description about yourself and why you think you deserve this scholarship. PARENT/GUARDIAN SIGNATURE APPLICANT SIGNATURE DATE