CHISHOLM HIGH SCHOOL ALUMNI ASSOCIATION

Alberta Moses Smith Legacy Scholarship

SCHOLARSHIP APPLICATION

Eligibility Focus: African American Graduating High School Seniors

APPLICATION INFORMATION

Submit Application To	**Chisholm High School Alumni Association** P.O. Box 702851 New Smyrna Beach, FL 32170 Email: chisholmalumniassociationschol@gmail.com
Questions / Contact	**Shandra Merrick, RN, BSN, MBA, CPR Instructor** **Scholarship Chairman** Phone: 386-847-2442

Please complete all sections of this application and include the required supporting documents listed on the final page.

APPLICANT INFORMATION

Student Full Name: _____ **Gender:** ☐ Male ☐ Female

Street Address: _____

City: _____ **State:** _____

ZIP Code: _____ **Cell:** _____

Email: _____

Current High School: _____

PARENT AND CHISHOLM LEGACY (1924-1969) INFORMATION

Father's Name: _____

Email: _____

Cell: _____

Legacy of Chisholm: ☐ Yes ☐ No **Name:** _____ **Class of** _____

Mother's Name: _____

Email: _____

Cell: _____

Legacy of Chisholm: ☐ Yes ☐ No **Name:** _____ **Class of** _____

ACADEMIC INFORMATION

Cumulative GPA:_____

Official high school transcript must be submitted with the application.

SAT Score (Math + Verbal Only): _____

ACT (Composite Score): _____

COLLEGE, UNIVERSITY, OR TRADE SCHOOL INFORMATION

Have you applied to a college, university, or trade school? ☐ **Yes** ☐ **No**

Have you been accepted to a college, university, or trade school? ☐ **Yes** ☐ **No**

Name of College, University, or Trade School:

_____

Institution Address: _____

City / State: _____

Intended Major, Program, or Area of Study:

_____

College / University Student ID # (if applicable):

_____

FINANCIAL INFORMATION

Annual Family Income: $_____

LETTERS OF RECOMMENDATION

1. One letter of recommendation from an educational professional (on organizational letterhead).
2. One character letter of recommendation (family members are unacceptable).

COMMUNITY SERVICE

Student must provide proof of community service hours (minimum of 50 hours):

Organization	Date(s)	Role / Service Performed	Hours	Comments

Use an additional page if more space is needed.

COMMUNITY SERVICE REFLECTION (OPTIONAL)

Briefly identify one service experience that was especially meaningful to you:

SCHOOL CLUBS, ORGANIZATIONS, LEADERSHIP, AND SPORTS

Organization / Activity / Sport	Position / Role	Date(s)	Comments

WORK EXPERIENCE

Employer / Organization	Position	Date(s)	Hours / Week

RECOGNITION AND AWARDS

Award / Recognition	Awarding Organization	Date / Year	Comments

ESSAY

Submit an approximately 200-word essay responding to the following prompt:

> *"Explain the importance of community service and how you plan to help preserve and strengthen the Chisholm legacy during challenging times."*

Attach the essay as a separate typed page.

REQUIRED APPLICATION DOCUMENTS

- ☐ Completed scholarship application
- ☐ Official high school transcript
- ☐ One letter of recommendation from an educational professional (on organizational letterhead)
- ☐ One character letter of recommendation (family members are unacceptable)
- ☐ Provide senior photo
- ☐ Provide acceptance letter from an accredited college, university, or trade school
- ☐ Approximately 200-word essay
- ☐ Student signature and date
- ☐ Parent / guardian signature and date

APPLICANT CERTIFICATION

I certify that the information provided in this application is complete and accurate to the best of my knowledge. I understand that the Chisholm High School Alumni Association may request clarification or additional documentation when reviewing this application.

Student Signature: _____

Date: _____

Parent / Guardian Signature: _____

Date: _____