| Concerned Black Men of Calvert County, Inc**SCHOLARSHIP APPLICATION****ALL APPLICATIONS AND REQUIRED INFORMATION MUST BE POST-MARKED OR RECEIVED BY MONDAY, APRIL 20, 2015**. **Applications received after the due date will not be considered.** |
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| Applicant Information |
| Name: | Date of birth: |
| Phone: | Email: |
| Address: |
| City: | State: | ZIP Code: |
| School: |
| HOUSEHOLD Information |
| Father’s Name: | Father’s Gross Income: |
| Mother’s Name: | Mother’s Gross Income: |
| No. of Dependents Declared on Parents’ Tax Return: |
| No. of Siblings in College (in addition to you) Next Year:  |
| cOLLEGE Information |
| **Previous Applications for Financial Aid: (If necessary, use additional sheet)** |
| Name: | Amount Offered:$ |
| Name: | Amount Offered:$ |
| Name: | Amount Offered:$ |
| **Colleges Applied, Acceptance, Total Yearly Cost: (If necessary, use additional sheet)** |
| Name: | Acceptance(Y/N): | Cost: $ |
| Name: | Acceptance(Y/N): | Cost: $ |
| Name: | Acceptance(Y/N): | Cost: $ |
| **Financing your College Costs:** |
| How much will you contribute? $ | Your parents? $ |
| Sources other than listed scholarship (Separate each with a comma)?  |
| What will your major field of study be?  |
| High School GPA: |
| 9th | 10th | 11th | 12th |
| SAT Total:  |
| ADDITIONAL Information |
| **List extracurricular activities in school, church, community offices held, etc. (Use additional sheet if needed.)** |
| Please answer the following question in a well-written paragraph: **(Use additional sheet if needed.)****Why should the Concerned Black Men of Calvert County award its scholarship to you?** |
|  |
| A completed “Application Packet” must contain the following:* Scholarship Application – Complete and legible
* Acceptance Letters
* List of students extracurricular activities (separate sheet attached if necessary)
* Paragraph, students answer to question: Why should the Concerned Black Men of Calvert County award its Scholarship to you?
* Three letters of recommendation.
	+ Two from school officials and one from a member of the community who knows the applicant outside of school.
* Wallet size picture of student
* Official High School Transcript (sealed)

**Only completed Application Packets will be viewed by the selection committee!** |
| The information provided in/with this application is in fact true, to the best of my knowledge, and verification will be provided upon request. |
| Signature of applicant | Date |
| Signature of Parent/Guardian | Date |