




High School Senior Scholarship Application
Albany State University National Alumni Association
DeKalb County Area Alumni Chapter ~ Scholarship Committee
PO Box 370074, Decatur, GA 30037 – Revised January 27, 2020.










Each year, the ASU DeKalb County Area Alumni Chapter (DCAA) awards scholarship to DeKalb County and Metro Atlanta high school students who will attend Albany State University. **DCAA grants one \$1,000.00 scholarship annually based on merit and need.** The purpose is to provide an opportunity for qualifying and deserving students to pursue their College education at ASU. The DCAA Chapter is a non-profit organization. It has served DeKalb County and the Metro Atlanta area for over 30 years.

The Level of Education for which an award is granted: College. Applications are accepted between January 1st and March 31st of each year. The recipient will be selected by May 1st. Cash payments are transferred to the Institution on behalf of the student from the Chapter.





ELIGIBILITY

-  DeKalb or Metro Atlanta high school senior enrolling at ASU for the fall semester; Full Time
-  Minimum 2.5 grade point average
-  Completed application package postmarked by the deadline date, no exceptions

DOCUMENTS TO BE SUBMITTED

-  Application form (Completed and Signed)
-  Official, sealed copy of high school transcript
-  Copy of SAT and/or ACT test scores
-  Two letters of recommendation (cannot use a relative)
-  Typed essay (min. 250-500 words)
-  Passport-size color photo (no group photos) attached to the essay
-  *ASU Acceptance Letter **(if available)** *(Must be provided before Scholarship is granted.)*

ADDITIONAL REQUIREMENTS

-  Participation in extra-curricular activities
-  Involvement in civic/community activities
-  Personal interview with Alumni panel
-  Employment held during school

DEADLINE AND CONTACT INFORMATION

Completed application packages must be postmarked by March 31st. Incomplete, unsigned or late submissions will not be considered. Send documents to: ASU DeKalb Scholarship Committee, PO Box 370074, Decatur, GA 30037. Personal interviews will be scheduled in April. The recipient will be selected by May 1st, and will be presented at a banquet location, date and time to be announced.

***DISCLOSURE STATEMENTS**

Scholarship awards will be transferred upon confirmation of matriculation at the University. The recipient must notify the Chapter no later than July 31st with an acceptance letter **or** the Committee will review the needs of the next highest ranked applicant. Any exception to the above eligibility requirements will be based upon Chapter recommendations.

For more information contact us at scholarships@asuramsdekalb.com.

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Scholarship Application ~ Readable Print Preferred ~ 1 Addl sheet can be used

Personal and Family Data	Name:		
	<i>Last</i>	<i>First</i>	<i>Middle</i>
	Home Address:		
	<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
	Home Phone:	Cell Phone:	Email:
	Parent(s)/Guardian:		
	<i>Last</i>	<i>First</i>	<i>Relationship</i> <i>Occupation</i>
	Employed By:		
	<i>Name of Company</i>	<i># of Years?</i> <i>Street</i>	<i>City</i> <i>State</i> <i>Zip Code</i>
	Parent(s)/Guardian:		
<i>Last</i>	<i>First</i>	<i>Relationship</i> <i>Occupation</i>	
Employed By:			
<i>Name of Company</i>	<i># of Years?</i> <i>Street</i>	<i>City</i> <i>State</i> <i>Zip Code</i>	
Brothers and Sisters	Brothers and Sisters	Single Parent Home:	
_____ Age: _____	_____ Age: _____	Yes: _____ No: _____	
_____ Age: _____	_____ Age: _____		
_____ Age: _____	_____ Age: _____	Parents/Relatives attended ASU?	
_____ Age: _____	_____ Age: _____	Yes: _____ No: _____	
Are you receiving other financial assistance? Yes _____ No _____ If Yes, how much?			
Name School Counselor who referred you. <i>If no Counselor referred you, leave blank.</i>			
High School Attended:		Graduation Date:	
High School Address:			
<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>	
GPA: _____ <i>*Transcript required</i>	SAT: Verbal _____ Math _____ And/Or ACT: _____ <i>* Copy required</i>		
Applied to ASU? Yes: _____ No: _____ If yes, Date of Acceptance _____ <i>*Provide copy of acceptance letter</i>			
Intended Major/Minor? _____ Career Objective: _____			
List Scholastic Honors and Date Received:			

Academic Information

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Activities Information	List Extra Curricular and Community Activities:
	List any employment held during the school year:
Other	Essay: Pick an experience from your own life and explain how it has influenced your decision to attend Albany State University. How would you utilize your preparation at ASU to give back to the Institution and help others advance in your community and the world?
	Recommendations: Submit two (2) letters of recommendations from teachers, religious and/or community leaders.
Checklist of DOCUMENTS TO BE SUBMITTED	
<input checked="" type="checkbox"/> Application form – Completed and Signed <input checked="" type="checkbox"/> Official, sealed copy of high school transcript <input checked="" type="checkbox"/> Copy of SAT and/or ACT test scores <input checked="" type="checkbox"/> Two letters of recommendation (cannot use a relative)	<input checked="" type="checkbox"/> Essay (min. 250-500 words) <input checked="" type="checkbox"/> Passport-size color photo attached to the essay <input checked="" type="checkbox"/> *ASU Acceptance Letter (if available)

Deadline: Completed application package postmarked by the deadline date, **March 31st; NO EXCEPTIONS**
 Incomplete, unsigned or late submissions will not be considered. Send documents to: ASU DeKalb Scholarship Committee at PO Box 370074, Decatur, GA 30037.

My signature below attests that, to the best of my knowledge, the information provided in this application is correct and true. Furthermore, I release the contents of the enclosed application packet to the DeKalb County Area Alumni Chapter of Albany State University. If selected, I grant permission for the organization to use my image in any announcements or scholarship promotions via social media.

Student Signature _____ **Date** _____