

Ruby Dean Hall Crews Scholarship Application

Albany State University National Alumni Association
DeKalb County Area Alumni Chapter ~ Scholarship Committee
PO Box 370074, Decatur, GA 30037 – Revised January 6, 2019



The Ruby Dean Hall Crews Scholarship is named for a distinguished member of National and the DeKalb County Area Alumni Chapter. She is a consistent supporter of Albany State and its auxiliaries. The Chapter recognizes Ruby for years of tireless work for ASU by honoring her with this scholarship in her name. Ruby Dean Hall Crews is a 1958 graduate of Albany State.

Each year, the ASU DeKalb County Area Alumni Chapter (DCAA) awards scholarships to DeKalb County and Metro Atlanta high school students who will attend Albany State University. These scholarships are non-renewable and **start at \$500.00-1000.00 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 County/Metro Atlanta high school senior accepted for enrollment into Albany State University, OR
- ⌘ Freshmen from DeKalb County/Metro Atlanta
- ⌘ Must be from a single-parent home OR foster care OR homeless
- ⌘ Exhibit an extreme need for financial assistance
- ⌘ SAT and/or ACT scores required
- ⌘ Minimum 2.22 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)
- ⌘ Essay outlining "How will this scholarship help me achieve my life's goals?" (min. 250-500 words)
- ⌘ Passport-size color photo (no group photos) attached to the application.
- ⌘ *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.

Application on back: For more information contact us at president@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: _____	Foster Care Home:	
_____ Age: _____	_____ Age: _____	Yes: _____ No: _____	
_____ Age: _____	_____ Age: _____	Homeless:	
		Yes: _____ No: _____	
		Parents/Relatives attended ASU?	
		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: _____ *Transcript required	SAT: Verbal _____ Math _____ And/Or ACT: _____ *Copy required		
Applied to ASU? Yes: _____ No: _____ If yes, Date of Acceptance _____ *Provide copy of acceptance letter			
Intended Major/Minor? _____		Career Objective: _____	

Academic Information

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Activities Information	List Scholastic Honors and Date Received:	
	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 _____