



**2017 ALABAMA STATE UNIVERSITY ALUMNI  
ASSOCIATION SCHOLARSHIP APPLICATION  
CLEVELAND CHAPTER**

Date:

Dear \_\_\_\_\_:

It is with sincere pleasure that members of Alabama State University Alumni Association, Cleveland Chapter offers this opportunity for a graduating senior to receive a monetary scholarship to help with college expenses. We are dedicated to assisting today's youth in their pursuit of higher education and therefore we are soliciting your assistance in circulating the attached application to perspective candidates. The amount of the scholarship is \$2000.00. We will award the scholarship based on the criteria on page 1 of the application.

Please provide copies of this application to interested applicants. The deadline for return of scholarship application is March 31, 2017. No application will be considered or accepted after March 31, 2017. Thank you for your assistance in this matter.

Sincerely,

James Catledge, President, ASU Alumni Chapter, Cleveland, Ohio

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Rosa Harris, Chair, Scholarship Committee

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# **2017 ALABAMA STATE UNIVERSITY ALUMNI ASSOCIATION SCHOLARSHIP APPLICATION CLEVELAND CHAPTER**

## ***PURPOSE:***

Alabama State University Alumni Association, Cleveland Chapter is pleased to offer a scholarship to a graduating high school senior from Greater Cleveland and surrounding areas.

## ***AWARD COMPONENTS:***

The monetary amount is \$2,000.00 (non-renewable)

## ***CRITERIA:***

- Must be a graduating high school senior (2016-2017 school year)
- Complete written application
- Application must be received on time without exception
- 2.5 minimum overall GPA (cumulative by application deadline)
- Official high school transcript
- All transcripts must be submitted using the grading policy/ GPA scale currently used by their school
- Students must reside and attend a high school in Cuyahoga County or surrounding counties
- Acceptance letter from Alabama State University (copy must be enclosed with application)
- An award letter stating that monies left over must be return to ASU Cleveland Alumni Chapter or donor
- Essay from one of the two topics listed below (minimum 250 words on a separate sheet of paper):
  1. How did you overcome any past academic deficiencies and how will you sustain success in college?
  2. What is the biggest challenge (s) facing today's youth?
- Essay is not to exceed 300 words
- Essay must be typed, 12 font Times New Roman style, doubled space, and error free
- All submissions that are wrinkled, stained, handwritten, or unprotected will be eliminated from the process(please place in folder, sheet protector, binder, etc)
- Two letters of recommendation, one from a school official such as an administrator, guidance counselor, teacher, or academic advisor, and one from a person in the community (letters from relatives are strictly prohibited).
- Must include full name, two contact numbers, and e-mail address
- A face to face panel interview of the applicant with the review committee

***APPLICATION PROCESS:***

**Mail applications to:** Alabama State University Cleveland Alumni Association  
C/O James Catledge  
1815 SOM Center Road  
Gates Mills, Ohio 44040  
Attention: Scholarship Committee

Applications should be postmarked no later than March 31, 2017. No applications will be reviewed after the deadline date.

Please direct all questions to [Rosa Harris@sbcglobal.net](mailto:Rosa.Harris@sbcglobal.net)

Call (216) 464-2996 or (216) 409-1289

**Scholarship Award Recipient Instructions:** Following notification of the scholarship award, the recipient selected must provide proof of enrollment at an accredited college or university during the Fall 2017 or Spring 2017 academic term prior to final disbursement of the award. In addition there may be other requirements that every recipient and their parent/guardian will be provided. All redemption instructions will be provided to any selected recipients and their parents at the award banquet.

Thank you for your assistance in this matter.

Sincerely,

**Rosa Harris**  
Chairman Scholarship Committee

**Daniel J. Brinson, Sr.**  
Co-Chairman Scholarship Committee

**Jackie Dickerson**  
Co-Chairman Scholarship Committee

**Alabama State University Alumni Association Cleveland Chapter**  
Scholarships for High School Seniors for the 2016-2017 School Year

**High School Student Application**

Please read this form carefully and answer each question completely. Your application will not be processed if all of the questions are not answered. Mark not applicable (N/A) for items not relative. Your application must be typewritten.

**SCHOLARSHIP APPLICANT PERSONAL DATA**

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Name and Address of Parents or Guardians (All areas below must be completely fully):**

Relationship: _____	Relationship: _____
Legal Name: _____	Legal Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Home Phone#: _____	Home Phone#: _____
Alternate (Work/Cell) #: _____	Alternate (Work/Cell) #: _____
E-Mail Address: _____	E-Mail Address: _____

**EDUCATIONAL INFORMATION**

High School Name: \_\_\_\_\_  
High School Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ School main phone #: \_\_\_\_\_

**EDUCATIONAL STAFF CONTACT INFORMATION (REQUIRED)**

High School Guidance Counselor Name: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Main Phone #: \_\_\_\_\_

Senior Awards day for your school (If available): Date \_\_\_\_\_ Time \_\_\_\_\_  
Scholarship Candidate's Proposed College Major: \_\_\_\_\_ Minor (Optional) \_\_\_\_\_  
Scholarship Candidate's Current G.P.A Class Rank \_\_\_\_\_ / \_\_\_\_\_

**ACTIVITIES/ORGANZATIONS**

Please list activities/organizations in school and outside of school. Indicate offices held and accomplishments while in office.

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**COMMUNITY SERVICE**

Please list

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**HONORS/AWARDS**

Please list

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**WORK EXPERIENCE**

Please include both paid and volunteer work experience and job duties performed.

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**Scholarship Applicant’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Please be sure to include the signature of one or both parents/guardian along with the student prior to submission of the scholarship application. Any unsigned application will not be considered or reviewed for the scholarship process. By signing this form all parties acknowledge the understanding of this and all other instructions contained in this application packet. Reminder: Any incomplete application will not be accepted or evaluated.**