DEAR __________________________:\n
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

_______________________________________

Rosa Harris, Chair, Scholarship Committee
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

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

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

COMMUNITY SERVICE
Please list

_____________________________________________________________________________________
_____________________________________________________________________________________

HONORS/AWARDS
Please list

_____________________________________________________________________________________
_____________________________________________________________________________________

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

_____________________________________________________________________________________
_____________________________________________________________________________________

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.