

2018 Book Scholarship Application

Name				
	(Last)	(First)	(Middle Initial)	
	Merit – Cha	racter – Excellence – Lead	ership – Truth and Service	

The Howard University Alumni Club of the Research Triangle Park is offering a Book Scholarship available to any recent graduate from an approved high school that permanently resides in Wake, Durham or Orange County. The applicant should be a full-time in a degree-seeking curriculum at Howard University in the Fall of 2018. The following criteria shall be utilized when selecting recipients:

- 1. Financial need (20%);
- 2. GPA Weighted and Un-weighted (20%);
- 3. SAT Score, Reference (20%);
- 4. Leadership experience (20%);
- 5. Personal statement (10%);
- 6. Completeness of application (10%).

It is the responsibility of the applicant to gain admission to Howard University before the final scholarship selection in July.

Completed Applications and Required Documents

Must be emailed to scholarship@howardalumni.org

No later than July 10, 2018

PART I. PERSONAL DATA

This application should be accompanied by:

- A **list of extracurricular activities** in which the applicant has participated during the junior and senior years in high school, including athletics, class organizations, student publications, dramatics, debating, music, church, community, and volunteer activities in a non-school setting. Extracurricular activities throughout the high school experience are important but particular emphasis should be placed on those occurring during the junior and senior year. Describe leadership roles taken in these activities and community service performed.
- A **one page signed statement** (typed or neatly handwritten in ink) stating the education objectives that will allow the student to prepare for a career as a useful and informed citizen.

PART I. Personal Data (continued)

. NAME (Please print):				
	(Last)	(First)	(Middle Initial)	
PERMANENT MAILING		(Street, Box, or Route No.)	(City/Town)	
(State) (Zip Code)	(County) (Teleph	hone Number) (Email Ad	ldress)	
HIGH SCHOOL FROM W				
. LOCATION OF SCHOOL	(City/Town)	(State)	(County)	
DATE OF HIGH SCHOOL				
		Check One Box: Moth	ner Stepmother I Guardian Other	
Name		Name		
Address		Address		
Occupation		Occupation		
Mark if: □ Self-employed		Mark if: □ Self-employe	d	
□ Unemployed		□ Unemployed		
Date last employed		Date last employe	ed	
Employer		Employer		
Number of years		Number of years		

Year of Separation	Year of Divorce	
Other parent's name		
Home address		
Occupation/Employer		
Other sibling's		

l.	STUDENT'S OTHER INFORMATION		N 4	V	
	Date you expect to complete your undergraduate	college deg	gree: Month	ı Year	
	Your expected enrollment status during the 2018-	-2019 schoo	ol year (Mar	k only one)	
	Full-time Part-time Inter	nded colleg	e major		_
J.	CERTIFICATION:				
	I understand all of the requirements and condition Research Triangle Book Scholarship. All of the i best of my knowledge. If asked by an authorized information that I have given on this form.	nformation	on this form	n is true and complete to the	ie
	Student's Signature Month/I	/			
	Student's Signature Month/I	Day/Year			
	I approve the applicant's application for the How Book Scholarship.	ard Univers	sity Alumni	Club of the Research Triar	igle
	Parent or Guardian Signature Month/Day/	/	_		
	Parent or Guardian Signature Month/Day/	/Year	Give re	lationship	
PA	RT II. REFERENCES				
is cu senio teacl	ut his/her choice of references. The reference could urrently enrolled, or the high school counselor who or years. The reference could also be from a profether. The letter should describe the student's characted as a Howard Scholar.	o has work essional suc	ted with the	e student during the junion ployer, minister, or anothe	r and/o r senio
PA.	RT III. TRANSCRIPT				
shou	opy of the high school academic transcript must acaded attach an explanation of its grading system. Data ool counseling office.	1 2		· · · · · · · · · · · · · · · · · · ·	n
	GPA (grade point average)	SAT Score	es (Highest sco	res obtained in multiple testing)	
	Unweighted GPA: (on a 4.0 scale)	Verbal:		Date Taken:	
	Weighted GPA:scale)	Math:		Date Taken:	_
	Scholastic Rank in Class:ofTota	ıl:			
	I certify that the above information is correct.				
	Signature of High School Counselor		Print Nam	e of High School Counselor	
	2-0 1- 11-Bit 2411001 2041100101		- 11110 1 (MII)		

Phone Number of Office

PART IV. STATEMENT OF FINANCIAL RESOURCES

Please complete the information below accurately and truthfully. The costs of attending Howard University are noted below. Please identify in the right-hand column the amount that you, your family or other source will contribute toward the cost of your education at Howard University.

Estimated Costs to attend Howard University		Contributions per year from other Sources	
Tuition	\$22,737.0	Tuition	
Mandatory Fee	\$1,233.0	Mandatory Fee	
Books & Supplies	\$3,000.0	Books & Supplies	
Meals/Board	\$4,140.0	Meals/Board	
Loan Fees		Loan Fees	
Room		Room	
Incidentals	\$2,500.0	Incidentals	
Local Transportation	\$2,916.0	Local Transportation	
TOTAL	\$46,032.0	TOTAL	

Sources of financial contributions:

Category	Source	Amount
Scholarshin		
Loan		
Family		
TOTAL		

Along with your application, please include a copy of your **Student Aid Report** (SAR) from **Free Application for Federal Student Aid** (FAFSA).