

## 2024 SCHOLARSHIP APPLICATION

P.O. BOX 2797, WASHINGTON, DC 20013

## **PURPOSE**

The name of this scholarship is the "Eloise E. Alston Memorial Scholarship Fund". This award is provided annually to deserving graduating high school seniors and college students residing in the Metro Washington, DC area, in need of financial assistance to attend Savannah State University in Savannah, Georgia.

- \* Students must qualify for financial aid from Savannah State University.
- \* Students must have at least a C+ average during their high school/college career.
- \* Financial assistance up to a maximum of \$2,000.00 per year will be awarded for entering freshmen and up to \$1,500.00 maximum per year for a returning student will be awarded. An additional \$500.00 (entering freshman and returning student) maximum will be awarded to students maintaining a 3.5 or higher GPA, and/or scoring a combined math and verbal (critical reading) score of 1000 or above on the Scholastic Aptitude Test (SAT), or a composite score of 21 or higher on the American College Test (ACT).
- \* Continuing college students must reapply for the scholarship by April 1 of each year.

## **SELECTION PROCESS**

Students must submit an application, along with a school transcript and an initial essay of at least 350 words. The applicant may select one of two topics listed below:

"MY GOALS AND HOW SAVANNAH STATE UNIVERSITY WILL HELP ME ACHIEVE MY GOALS"

or

"MY FUTURE ASPIRATIONS AND HOW I HOPE TO HELP MY COMMUNITY BENEFIT FROM MY ASPIRATIONS"

Each candidate will be interviewed by the chapter's Scholarship Committee. Students awarded a scholarship will be asked to give a five-minute oral presentation at one of the chapter's monthly meetings. Every effort will be made to present the award to the recipient at the Senior Awards Ceremony. Applications may also be obtained by notifying any member of the Savannah State University National Alumni Association Washington, D.C. Chapter.

THE DEADLINE DATE FOR THIS APPLICATION PACKAGE IS APRIL 1, 2024. PLEASE RETURN APPLICATION PACKAGE TO:

 $SAVANNAH\ STATE\ UNIVERSITY\ NATIONAL\ ALUMNI\ ASSOCIATION,\ DISTRICT\ OF\ COLUMBIA\ CHAPTER,$ 

ATTN: SCHOLARSHIP COMMITTEE

P.O. BOX 2797

WASHINGTON, D.C. 20013-2797



## DISTRICT OF COLUMBIA CHAPTER

P.O. BOX 2797, WASHINGTON, D.C. 20013-2797 APPLICATION FOR SCHOLARSHIP AWARD (Deadline Date —April 1, 2024)

NAME	SOCIAL SECURITY #
ADDRESS	DATE OF BIRTH
TELEPHONE NUMBER ()	E-MAIL ADDRESS
PARENT(S)/GUARDIAN(S)	
ADDRESS (if different from applicant)	
TELEPHONE NUMBER (if different from appli	icant) ()
NAME OF HIGH SCHOOL/COLLEGE	
ADDRESS (CITY AND STATE	
NAME OF PRINCIPAL/ADVISOR	
NAME OF GUIDANCE COUNSELOR/REGIST	ΓRAR
HIGH SCHOOL GPA IF (Please list college, if other than SSU)	CONTINUING STUDENT, COLLEGE GPA
COMPOSITE SAT/ACT SCORE	Math Score Verbal Score
HONORS, AWARDS, OR RECOGNITIONS (U	Use additional sheets, if needed)
SCHOOL/COMMUNITY/RELIGIOUS ACTIVI	ITIES
HOUSEHOLD INCOME	NUMBER IN HOUSEHOLD

Parent/Guardian's Signature / Date

Applicant's Signature / Date