



100 BLACK MEN OF VALDOSTA, GEORGIA ACADEMIC SCHOLARSHIP APPLICATION

RETURN BY MAY 20, 2024

TO: 100 Black Men of Valdosta, Inc.
Post Office Box 1352
Valdosta, GA 31603



EDUCATIONAL BACKGROUND

HIGH SCHOOL: _____

CUMULATIVE GRADE POINT AVERAGE: _____

SAT SCORE: _____ ACT SCORE: _____

COLLEGES ACCEPTED INTO: _____

I PLAN TO MAJOR IN: _____

TRANSCRIPTS: Include with your application one copy of your high school transcript.

REFERENCES: Provide three letters of recommendation. One letter each from a counselor, teacher and an administrator having direct knowledge of your class work, school conduct, and academic ability.

RESUME: Attach your resume.

ESSAY: Write a three hundred word essay explaining or describing 1) your future goals; 2) how this scholarship will help you; and 3) what you plan to contribute to the community in which you will live.

COMMUNITY SERVICE OBLIGATION: Each scholarship recipient must perform forty (40) hours of community service in the Lowndes County area. The community service should be arranged through the chairperson of the Scholarship Committee. You must submit a letter signed by a person with supervisory authority from the organization where you completed your community service obligation. The letter must be received by September 1, 2023. Mail your letter certifying your completion of community service to:

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PLEASE PRINT OR TYPE. Return the required documents by **May 20 2024.**

APPLICANT'S NAME _____

ADDRESS _____

TELEPHONE NO: _____ SOCIAL SEC. NO. _____

E-MAIL ADDRESS: _____

FATHER'S NAME: _____ HOME PHONE # _____

OCCUPATION: _____ INCOME _____ WORK PHONE _____

MOTHER'S NAME: _____ HOME PHONE # _____

OCCUPATION: _____ INCOME _____ WORK PHONE _____

ADDRESS: (If different from the applicant's) _____

I certify that the information in the application is accurate to the best of my knowledge, and that I wrote my accompanying essay.

APPLICANT'S SIGNATURE _____ DATE _____

FATHER'S SIGNATURE _____ DATE _____

MOTHER'S SIGNATURE _____ DATE _____



Confirmation of Community Service Form

Community service must be completed by September 1, 2023

Please note that there is to be only one community service project per form.

I, _____, in accordance with the 100 Black Men of Valdosta, Inc., scholarship eligibility requirements, verify that I performed the following community service project.

(Check one) _____ Applicant's Proof of Service _____ Recipient's Proof of Service

Name of Organization

Address

City, State, Zip Code

Name of Project

Briefly describe the service project/duties:

Total Service Hours Performed

Signature of Supervisor

Supervisor's Title

Telephone Number

Student Social Security Number

Student Name (Print)

Student Signature & Date

College or University Name

This form certifies that the above named project was performed within the timeframe noted above. Mail to:

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