



## Scholarship Application Form for African American Students

Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_ Phone # \_\_\_\_\_

Name of High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Name of Parent(s)/Guardian(s) \_\_\_\_\_

Name and location of college/university you plan to attend \_\_\_\_\_

Anticipated college major and career goal

Community service activities (Name of organization, dates, and description of your service) *Attach additional sheets if necessary.*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Extracurricular student activities (List activity and dates of participation)

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Noteworthy achievements (e.g.: early graduation, honors, recognitions, etc.)

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_

4. \_\_\_\_\_



### Personal interests/hobbies

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

### Brief Essay

Include a brief essay stating the following:

***1-page minimum, double-spaced; grammar, spelling, and punctuation will be considered (50% of score)***

- personal qualities that you possess and consider necessary to be successful in your chosen field
- any involvements you have had with advancing the progress of the black community
- how you plan to utilize the funds if received
- attach a recent photo of yourself

### Transcript

Include **1 official transcript** sealed in an envelope of grades from your high school. **GPA must be at least 2.5 (C+).**

### Deadline

This application form and the additional requirements must be **received electronically or by mail no later than April 15, 2025.**

Mail to:  
SSAFE  
P.O. Box 7706  
Oxnard, CA 93031

Email to:  
ssafefoundation@gmail.com