

NABSTMC
Buffalo Soldiers Central Maryland Chapter
2018 Application
Application Deadline: April 15, 2018

Contact Information:

| | | | |
|-----------------------|--|--------------------|--|
| First Name: | | Last Name: | |
| Address: | | | |
| City: | | State: | |
| Zip Code: | | Email: | |
| Home Phone: | | Cell Phone: | |
| Date of Birth: | | Gender: | |

Academic Information:

| | | | |
|---|---|---|--|
| High School Name: | | City / State | |
| Graduation Date: | | GPA: | |
| Class Rank: | | Class Size: | |
| ACT Composite Score: | | SAT Critical Reading Score: | |
| SAT Math Score: | | SAT Written Score: | |
| Does Your school offer Honors, AP, or IB Programs, Dual Enrollment? Yes / No | | | |
| Number of Honors Classes You Have Taken: | Number of AP Class You Have Taken: | Number of IB Classes You Have Taken: | Number of Dual Enrollment Class You Have Taken: |

Financial Need:

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|--|
| Use this space to describe your financial situation and why this scholarship is necessary to help fund your College education: |
| |

College Information (If you have not finalized your college choice, provide your first choice school.):

| | | | |
|--|--|----------------------|--|
| College Name: | | City / State: | |
| Institution Type: Certificate Four-Year Two-Year Vocational or Technical: | | | |
| Degree Sought: Associates Bachelors Certificate | | | |
| Major: | | | |
| Anticipated Graduation Date: | | | |

Applicant Service, Extracurricular Activities and Work Experience:

Use this space to provide the applicant's volunteer service, extracurricular activities and work experience during the applicant's academic career. **Do not attach a resume in lieu of completing this form. It will not be reviewed.**

| | | | |
|---|--|--|--|
| Description | | | |
| Total Hours or Average Hours per week: | | Are you still participating? (yes / no) | |
| Start Date: | | End Date : | |
| Highest Position Held: | | | |

| | | | |
|---|--|--|--|
| Description | | | |
| Total Hours or Average Hours per week: | | Are you still participating? (yes / no) | |
| Start Date: | | End Date : | |
| Highest Position Held: | | | |

| | | | |
|--------------------|--|--|--|
| Description | | | |
|--------------------|--|--|--|

| | | | |
|---|--|--|--|
| Total Hours or Average Hours per week: | | Are you still participating? (yes / no) | |
| Start Date: | | End Date : | |
| Highest Position Held: | | | |

Honors and Awards:

Use this space to provide the applicant's honors and awards during the applicant's academic career. **Do not attach a resume in lieu of completing this form. It will not be reviewed.**

| | | | |
|--|--|-------------------------------|--|
| Description | | | |
| Level (National/State/Regional/Etc.): | | Academic Year Achieved | |

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|--|--|-------------------------------|--|
| Description | | | |
| Level (National/State/Regional/Etc.): | | Academic Year Achieved | |

| | | | |
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| Description | | | |
| Level (National/State/Regional/Etc.): | | Academic Year Achieved | |

| | | | |
|--|--|-------------------------------|--|
| Description | | | |
| Level (National/State/Regional/Etc.): | | Academic Year Achieved | |

| | | | |
|--|--|-------------------------------|--|
| Description | | | |
| Level (National/State/Regional/Etc.): | | Academic Year Achieved | |

Supporting Documents:

The following documents are required to complete your application:

- ACT/SAT Scores
- Official High School Transcript (or equivalent if home schooled)
- A 500 word essay on the topics described above
- At least one letter of recommendation on official letter head from a teacher, guidance counselor or school administrator, and/or community service organization
- A letter of acceptance to an institution of higher learning
- Statement explaining your financial need, with a phone number
- Parent's signature below if student is under 18 years old

Terms & Conditions:

I, _____, certify, to the best of my knowledge, the information on this application is complete and accurate. Falsification of any information will cause my disqualification from the scholarship competition.

I understand:

(1) It is my responsibility to make sure the application process is completed by the required deadline. If not, the application will be disqualified from the scholarship competition and will not be considered for an award.

(2) This application, upon receipt, becomes the property of the program sponsor.

I agree that, if selected as an award winner for the Buffalo Soldiers Central Maryland Scholarship Program, the program sponsor or its agents may use my name and likeness and any other information or materials provided in connection with this program for purposes of news, publicity and advertising in all media, including but not limited to print and electronic media, press releases, internet websites and video media.

To comply with the provisions of the Family Educational and Privacy Act of 1974, I hereby grant permission for school officials to release secondary school records and other requested information, if necessary.

If you are under 18, your parent or guardian must also agree to these Terms and Conditions.

Applicant Signature: _____

Date: _____

Parent Signature: (if applicable) _____