



Tampa, FL Professional Chapter of SISTUHS, Incorporated Scholarship Application 2020

Thank you for your interest in the Tampa, FL Professional Chapter of SISTUHS, Incorporated Scholarship Awards. We have established scholarships in the amount of \$1000 each to help students achieve their educational goals. We strongly encourage individuals to apply if they meet the eligibility requirements listed below.

The application process is designed to provide the scholarship committee with necessary information to award well-intentioned applicants. Please read through all of the information provided about the requirements applicable to the application process.

Eligibility Requirements – Candidates must meet **each** of the following requirements:

1. Be an African-American female living in or from (if a college student) Hillsborough, Pasco, Pinellas or Polk Counties.
2. Be a graduating senior with plans to attend an accredited institution of higher education **OR** currently enrolled in either a 4-year College/University or 2-year Community College as a **fulltime** student.
3. Hold an unweighted Grade Point Average (GPA) of 3.0 or higher.
4. Have completed a minimum of 40 hours of Volunteer Service.
5. Write an Essay, (minimum of 250 words not more than 500 words.):
“How does prioritizing tasks and exercising time management skills allow you to be a productive individual? Share an experience that allowed you to use these skills and you had a successful end result. How will this assist you in the future?”

Send the following information:

1. Completed 2020 Scholarship Application
2. Typed Essay (**Times New Roman, Double space, 12 pt, 1” margins**). Free of spelling & grammatical errors. Must be your original work.
3. Official High School/College Transcript
4. Proof of Documentation or School Documentation listing total Community Service hours completed (May be on transcript)
5. Recent wallet size photo of applicant (headshot) affixed to application in designated area.

*The application & all documents should be postmarked by **March 06, 2020.***

*Interviews will be scheduled the week of **March 23, 2020.***

*Recipients will be notified by **April 03, 2020.***

Please send Completed Application Packet to:
Tampa, Florida Professional Chapter of SISTUHS, Inc.
ATTN: 2020 Scholarship Committee
P.O. Box 290385
Tampa, Florida 33687

If there are any questions, please contact us at tampaproscholarship@gmail.com.

** Please note materials submitted with application will not be returned.*



**Tampa, FL Professional Chapter of
SISTUHS, Incorporated
Scholarship Application 2019-2020**

APPLICANT INFORMATION

STUDENT NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____ County: _____

HOME/CELL PHONE: _____ E-MAIL ADDRESS: _____

GENDER: Female Male AGE: _____

HOW DID YOU HEAR ABOUT OUR SCHOLARSHIP? _____

HIGH SCHOOL/COLLEGE INFORMATION

SCHOOL: _____

GRADE/CLASSIFICATION: _____ GPA: _____

SCHOOL ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

PRINCIPAL NAME (high school applicant): _____

SIGNATURE OF PRINCIPAL (high school applicant): _____

POST-SECONDARY INFORMATION

COLLEGES OR UNIVERSITIES THAT YOU HAVE RECEIVED ACCEPTANCE LETTERS FOR:

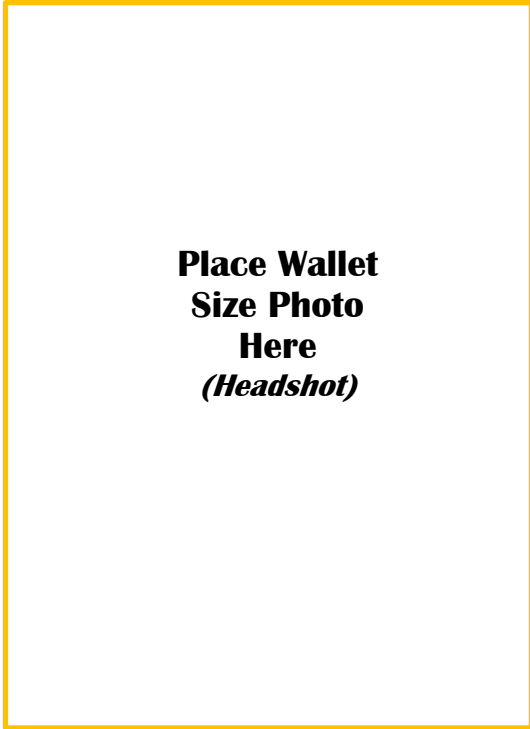
COLLEGE OR UNIVERSITY YOU CURRENTLY ATTEND OR PLAN TO ATTEND:

WILL YOU RECEIVE ANY FINANCIAL AID AND/OR SCHOLARSHIPS? YES _____ NO _____ IF YES,
PLEASE LIST SCHOLARSHIPS: _____

HAVE YOU COMPLETED THE 2019-2020 FAFSA APPLICATION? YES _____ NO _____



APPLICANT NAME: _____



**Place Wallet
Size Photo
Here
(Headshot)**

Club/Organization/Sport	Leadership Position	Grade/Yr in College

Honors/Awards	Grade/Yr in College



APPLICANT NAME: _____

STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the Chapter's scholarship program. (Winner may waive photo due to unusual or compelling circumstances.) I hereby give permission to the Tampa, Florida Professional Chapter of SISTUHS, Incorporated to utilize my name and scholarship award in any publicity or marketing materials.

I hereby understand that if chosen as a scholarship winner, according to Tampa, Florida Professional Chapter of SISTUHS, Incorporated Scholarship policy and guidelines, I ***must be present at the chapter's award ceremony luncheon on May 02, 2020 to receive my scholarship award.***

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of applicant: _____ Date: _____