



**Prince George's County Chapter**  
Bowie State University National Alumni Association, Inc.  
2016 Scholarship Application

Deadline: February 16, 2016

Please complete entire application. Omission of any data will disqualify your application. Use black ink or Type.

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Tele. No. \_\_\_\_\_ Cell \_\_\_\_\_

High School Attended \_\_\_\_\_ Location \_\_\_\_\_

Date Graduated High School \_\_\_\_\_ Date entered BSU \_\_\_\_\_

Classification \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

Complete if you live on campus:

Campus address \_\_\_\_\_

**Student Involvement:**

Community Activities \_\_\_\_\_

Extra-Curricular Activities \_\_\_\_\_

Campus Groups \_\_\_\_\_

Special Achievements/Awards \_\_\_\_\_

Are you currently working? \_\_\_\_\_ If yes, employer's name \_\_\_\_\_

Write a short statement about your goals. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State in fifty words or less your reason for applying for this scholarship. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Signature** \_\_\_\_\_

**REFERENCES:**

Two letters of reference on official **BSU stationery** must accompany this application. Note: Only send the original copies of your letters. One letter must be from one of your **current instructors** at BSU. Letters from relatives are not acceptable. List names and telephone numbers of references below:

- 1. Name \_\_\_\_\_ Telephone Number \_\_\_\_\_
- 2. Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Contact Person:**

**Addie L. Martin – Prince George’s County Chapter President, 301-868-6081**

Falsification of any information submitted will result in loss or forfeiture of any scholarship funds.

**To Be Completed by the Financial Aid Office**

Is this student receiving any financial aid? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what type? \_\_\_\_\_ Amount \_\_\_\_\_

Please state student’s balance \$ \_\_\_\_\_

Please check: Dependent ( ) Independent ( ) Campus Resident ( ) Commuter ( )

Fall Semester GPA \_\_\_\_\_

\_\_\_\_\_  
Signature of Financial Aid Officer Date