

AFRICAN ASSOCIATION OF MADISON, INC.

UNDERGRADUATE SCHOLARSHIP APPLICATION FORM

INSTRUCTIONS:

Please complete this form and return to the address at the bottom of this application before **4:30 PM on Friday, April 22, 2011**. To be considered you must submit all the required information listed below by the deadline.

BIOGRAPHICAL INFORMATION

NAME: (First) _____ M.I. _____ (Last) _____

DOB: _____ (mm/dd/yyyy)

GENDER: MALE ____ FEMALE ____ (Check one)

ADDRESS: _____

CITY _____ State _____ Zip _____

TELEPHONE (Starting with Area Code): _____

NAME(s) of Parents(s) or Guardian(s) _____

ADDRESS: _____

TELEPHONE (Starting with Area Code) _____

AAM membership Status:

2009: Yes ____ No ____

2010: Yes ____ No ____

(Check all that applies)

NAME OF UNIVERSITY/COLLEGE YOU WILL BE ATTENDING _____

ADDRESS _____

EDUCATIONAL BACKGROUND

HIGH SCHOOL _____ ADDRESS _____

HIGH SCHOOL GRADUATION DATE _____ CUM. GPA _____ SCALE _____

HONORS/AWARDS

ACADEMIC HONORS _____

ACTIVITIES/SPORTS HONORS _____

OTHER NOTEWORTHY HONORS _____

ACADEMIC, PROFESSIONAL ASPIRATIONS AND PERSONAL STATEMENT:

Please use a separate sheet of paper and limit your response to not more than 500 words.
Provide a brief statement of your academic and career goals as well as your professional aspirations.

Checklist: Did you include the following items?

- A. Completed Scholarship Form
- B. Letters of recommendation on official letterhead for:
 - i. Academic work
 - ii. Community work/Employer
- C. A copy of a letter of acceptance from an accredited college
- D. An Academic, professional aspirations and personal Statement (500 words maximum)
- E. A stamped self-addressed envelope.

Please mail completed application form along with other required information to:

African Association of Madison, Inc.
PO Box 1016
Madison, WI 53701-1016

APPLICATIONS RECEIVED AFTER APRIL 22, 2011 ARE AUTOMATICALLY DISQUALIFIED