



## **Tampa, FL Professional Chapter of SISTUHS, Incorporated Scholarship Application 2018**

Thank you for your interest in the Tampa, FL Professional Chapter of SISTUHS, Incorporated Scholarship Awards. We have established scholarships in the amount of \$500 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.
3. Hold an unweighted Grade Point Average (GPA) of 3.0 or higher.
4. Completed a minimum of 40 hours of Volunteer Service
5. Write an Essay, (minimum of 250 words not more than 500 words.): How would you use “Black Girl Magic” to address a local, a national or an international concern that impacts people of color?

**Send the following information:**

1. Completed 2018 Scholarship Application
2. Typed Essay (Times New Roman, Double space, 12 pt, 1” margins)
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)

*The application & all documents should be postmarked by **March 05, 2018.***

*Interviews will be scheduled the week of **March 26, 2018.***

*Recipients will be notified by **April 02, 2018.***

**Please send Completed Application Packet to:**  
Tampa, Florida Professional Chapter of SISTUHS, Inc.  
ATTN: 2018 Scholarship Committee  
P.O. Box 290385  
Tampa, Florida 33687

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



**Tampa, FL Professional Chapter of  
SISTUHS, Incorporated  
Scholarship Application 2016-2017**

**APPLICANT INFORMATION**

STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

HOME/CELL PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

GENDER:  Female  Male AGE: \_\_\_\_\_

**HIGH SCHOOL INFORMATION**

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ GPA: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRINCIPAL NAME (high school applicant): \_\_\_\_\_

SIGNATURE OF PRINCIPAL (high school applicant): \_\_\_\_\_

**POST-SECONDARY INFORMATION**

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 SCHOLARSHIP: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU APPLIED COMPLETED THE 2017-2018 FAFSA APPLICATION? YES \_\_\_\_ NO \_\_\_\_



APPLICANT NAME: \_\_\_\_\_



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

<b>Club/Organization/Sport</b>	<b>Leadership Position</b>	<b>Grade</b>

<b>Honors/Awards</b>	<b>Grade</b>



**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 April 28, 2018 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:** \_\_\_\_\_