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# AFRICAN AMERICAN CELEBRATION COMMITTEE

## 2025 SCHOLARSHIP APPLICATION

**Please Print (Black or Blue Ink) or Type legibly.**

Applicants Name: \_\_\_\_\_  
Last First

Parent/Guardian Name: \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Day Number

### **EDUCATION**

(UNWEIGHTED)  
High School: \_\_\_\_\_ G.P.A.: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Address: \_\_\_\_\_

What university/college will you be attending: \_\_\_\_\_

General course of study or intended major: \_\_\_\_\_

Have you applied for or been awarded other financial aid or scholarships? If yes, please provide names:

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**Extra-Curricular Activities: (clubs, organizations, volunteering, hobbies, etc.)**

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_