



AFRICAN AMERICAN CELEBRATION COMMITTEE 2026 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:

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

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____