

ALABAMA HOUSING AUTHORITIES EDUCATION and ENRICHMENT FUND, INC.
APPLICATION FOR SCHOLARSHIP – **HIGH SCHOOL**

PLEASE FILL IN YOUR APPLICATION ON LINE, PRINT FOR SIGNATURES, SCAN AND SUBMIT ALL ACCOMPANYING DOCUMENTATION ELECTRONICALLY (EMAIL). TO: STEVEN SIDES AT cullmanha@bellsouth.net NO LATER THAN 5:00PM CENTRAL TIME, MARCH 22, 2019. TRANSMISSIONS NOT SUBMITTED ELECTRONICALLY WILL NOT BE ACCEPTED. If you have questions please call 256-734-6171 or 334-614-9963.

Select Application Category

_____ Public Housing/Section8 Resident (includes RAD PBV/PBRA)

_____ **Child** of Housing Authority Employee (HA employee must have been employed for 2 consecutive years)

Name: _____

First

Middle

Last

Are you a previous scholarship recipient ___ yes ___ No,

If yes, the date scholarship awarded _____

Sponsorship Housing Authority: _____

Executive Director: _____

Person of Contact when questions arise concerning your application _____

Contact Phone Number: _____

Please provide a letter of sponsorship from the Executive Director of the Sponsoring Housing Authority.

Applicants Current Address: _____

Street or P.O. Box

City

State

Zip

Phone Number: _____ Email: _____

Name and Address of high schools attended: (Please indicate which school to receive diploma)

Expected Date of Graduation _____ (please have academic counselor verify)

Latest GPA _____ (Please provide transcripts and have academic counselor verify)

Latest ACT Score: _____ (Please provide a copy of latest score)

List any school where you have applied for admission. If already accepted please provide the letter of acceptance from the school.

<u>School</u>	<u>Address</u>	<u>Status of Application</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

QUICK REFERENCE QUESTIONS:

1. Are you employed after school? ___ yes ___ no. If yes, at least 10 hrs. per week? ___ yes ___ no. If yes, list employer

(Remember verification will be required for any applicant that works at least 10 hrs. per week see below).

2. Please list any school extra-curricular activity: _____

(Remember verification for extra-curricular activity must be verified).

3. Please list any community (including church related activities) organizations you may have been involved in: _____

(Remember verification for community involvement must be verified).

4. Did you take any Advance Placement (AP), Honors Classes, or any College Equivalent Courses? ___ yes ___ no. If yes, please list.

<u>Course</u>	<u>Grade/Year Taken</u>
_____	_____
_____	_____
_____	_____

READ CAREFULLY BEFORE SIGNING: By submitting this application, I authorize my high school to make available to AHAEFF, Inc., information concerning my academic record and rank. It is understood that award of any Scholarship shall be governed by any and all conditions established by the Board. I agree, if selected to receive a scholarship, to sign a Records Release Form from the educational institution I plan to attend the fall of 2018. The Release Form must clearly show that AHAEFF has the right to request and receive a copy of my transcript/academic record at AHAEFF's discretion. I understand and agree that no funding will be released by AHAEFF to any educational institution until the Release Form is signed by me, accepted by the educational institution, and written notice of its acceptance is received by AHAEFF. The applicant, by submitting an application, fully agrees and unconditionally releases and authorizes AHAEFF to publicize the award of the scholarship to the recipient in any way deemed appropriate by AHAEFF or its agent(s). This authorization includes, but is not limited to, the recipient's grade point average, college entrance exam score, essay submitted with scholarship application, letter of recommendation, and name of selected college. The applicant also agrees by submitting an application to allow his/her photograph to be taken and used for publicity of the scholarship in any way deemed appropriate by AHAEFF or its agent(s). If applicant is under 19 years of age, parent or legal guardian's signature is required.

Applicant's Signature: _____

Date: _____

Parent or Legal guardian's Signature: _____

Printed Name of Legal guardian: _____

Date: _____