**UNITED FOR CHANGE MEMORIAL SCHOLARSHIP**

**APPLICATION 2024**

**Due Date: April 12, 2024**

The ***Say Their Names Association*** is proud to award the ***United for Change Memorial Scholarship*** in May/June 2024,to need-based graduating Black or African American college bound seniors of Long Island high schools, who are in good academic standing, who possess a strong sense of social responsibility, and are empathetic, passionate, and sensitive to the needs of others.

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| Please **type** your answers. | | |
| 1. | Last Name: | First Name: |
| 2. | Mailing Address Street:City: State: Zip: | |
| 3. | Daytime Telephone Number: ( )  Email Address: | |
| 4. | Date of Birth: Month Day Year Gender: Race: | |
| 5. | 1. Current report card with at least 3 marking periods. 2. Letter of recommendation from one teacher **and** one other faculty member (coach, guidance counselor, administrator, etc.) **or** member of the community, **both** to be sent as attachments to this application. Be sure to include each person’s name, title, email address, and phone number. | |
| 6. | Name and address of high school attending: | |
| 7. | Name and address of the college or university you are planning on attending in the fall: | |
| 8. | Name & address of parent(s) or legal guardian(s):**(Include address if different from your own listed in Question 2.)**  Name(s):  Street:  City: State: Zip:  Home phone of parents or legal guardians: Work phone: | |

**9. Provide a typed essay (250 - 500 words) as an attachment to this application, answering the question below:**

Why should you be considered for the ***United for Change Memorial Scholarship***? Include in your essay any school or community related experience(s) you have had that support the scholarship criteria.

Letters of Recommendation: **Each letter submitted must be specific for this award and not a general college letter of recommendation.** It should answer the question, “How does this applicant meet the criteria of the United for Change Memorial Scholarship?” among other pertinent information provided by the person writing the recommendation.

### 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 scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

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 scholarship applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Checklist**

\_\_\_ Completed Application

\_\_\_ Essay

\_\_\_ (2) Recommendations

\_\_\_ School Transcript

**SUBMIT COMPLETE APPLICATION PACKAGE TO**

**YOUR RESPECTIVE GUIDANCE OFFICE**

**No Later Than: April 12, 2024**

Due: **April 12, 2023 4:00 p.m.**