

See It Through Charities, Inc.

SCHOLARSHIP GUIDELINES & APPLICATION

SCHOLARSHIP AWARD:

Applicants can receive an award of up to \$2,000 based on the highest overall application scores. The recipients of this scholarship will be determined by the academic, social, and civil credentials of each eligible applicant and the relative ranking to other applicants. These awards will only be paid upon proof of enrollment in an accredited 4-year college or university.

ELIGIBILITY:

High school senior in Dallas/ Fort Worth Metroplex meeting these qualifications:

- Must be accepted to an accredited 4 year college/university
- Must have a 3.0 cumulative GPA on a 4.0 scale (or equivalent)
- Must be an African American U. S. citizen living in the DFW Metroplex area
- Must be available for a personal or phone interview with the selection committee, if needed

APPLICATION PACKAGE:

- Current photograph of applicant. If a scholarship is awarded, photos will be used in local publicity material
- Official application form (completed)
- Official high school transcript (*MUST* include the school's seal)
- Proof of SAT/ACT score (can be included on transcript)
- Letter of recommendation from school administrator (principal, counselor, teacher, coach)
- Copy of admission letter to an accredited 4 year college/university
- Minimum 250 word essay stating your purpose for applying at this time and indicating how this award can assist you in achieving your career goals. Please provide details on your background, motivation, and specific personal and/or family circumstances which make it important for you to receive financial assistance.

APPLICATION DEADLINE:

*Completed application package must be postmarked by **April 20, 2020** (please make sure the correct amount of postage is used) or submitted electronically to seeitthru.org/Scholarship. ****All high school transcripts are to be sent sealed and via mail.***

If there are questions or concerns, please contact Melvin Topps, Scholarship Chair at scholarship@seeitthru.org.

WHERE TO MAIL APPLICATIONS:

**Scholarship Committee
See It Through Charities, Inc.**

**P. O. Box 2457
Arlington, TX 76004**

See It Through Charities, Inc.

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SCHOLARSHIP GUIDELINES & APPLICATION

SCHOLARSHIP APPLICATION

Name _____

Street Address _____

City/State/Zip _____ Email Address _____

Home Phone No. _____ Age _____ Grade _____

High School _____ Address _____

Counselor _____ Telephone No. _____

Cumulative G.P.A.* _____ ACT Score _____ SAT Score _____

*Please include official transcript (MUST BE in sealed envelope with school's official seal)

Are You a United States Citizen? _____ Yes _____ No

Community Service and/or Extra-Curricular Activities (Include organizations, dates, and positions held. Attach additional sheets, if necessary):

Work / Volunteer History (Include dates and positions held):

FAMILY INFORMATION

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

Total Number in Family _____ Ages of Children in Family _____

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COLLEGES/UNIVERSITIES TO WHICH APPLIED/ACCEPTED

#1 College _____ #3 College _____

#2 College _____ #4 College _____

FINANCIAL AID OFFERED OR RECEIVED (IF APPLICABLE)

Grants: \$ Amount _____ College/Organization _____

Loans: \$ Amount _____ College/Organization _____

Scholarships: \$ Amount _____ College/Organization _____

Work Study: \$ Amount _____ College _____

I affirm that the information submitted in support of this application is true and correct. I fully understand that it is my responsibility to notify the scholarship committee of any change in my status that affects my eligibility for the scholarship. If I receive an award, I understand that I am responsible for providing proof of my enrollment at an accredited college or university to the scholarship committee on or before August 3, 2020

Applicant's Signature

Date

Parent(s) Signature

Date

Application MUST BE postmarked on or before April 20, 2020 (please make sure the correct amount of postage is used) to:

Scholarship Committee
See It Through Charities, Inc.
P. O. Box 2457
Arlington, TX 76004

Or submitted electronically to seeitthru.org/scholarship

See It Through Charities, Inc.

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Do not write below this line

See It Through Charities, Inc. Scholarship _____ Calvin Golden Scholarship _____

Approved: _____

Denied: _____

Date _____

State reason(s) for denial: