

Re: 2019 Scholarship Opportunity

Dear Student;

This is the 53<sup>rd</sup> consecutive year of the Cleveland Chapter of the National Hampton Alumni Association awarding scholarships to Cleveland area students attending Hampton University. We understand the financial commitment associated with the excellent college experience that Hampton provides and are committed to assisting students from greater Cleveland.

The Scholarship application deadline is **May 3, 2019**. Please mail completed application packet to: Cleveland NHAA Scholarship Committee, P.O. Box 18068, Cleveland Heights, OH 44118-0068. Applications received after deadline will be disqualified.

The award presentation will be made during our 53<sup>rd</sup> Scholarship Benefit, Jazz Brunch on Sunday, June 9, 2019 at the DoubleTree Hilton located in Beachwood, OH. Please note, that the funds awarded should not be considered your primary source of tuition and all scholarships will be disbursed directly to the school upon proof of enrollment for each semester awarded.

Thank you for your interest in Hampton University. For scholarship and ticket information, please contact Laura R. Williams, lrw089448@gmail.com or oleveland\_hamptonalumni@yahoo.com.

The Cleveland Chapter of the National Hampton Alumni Association wish you all the best in your educational endeavors.

Sincerely,

Laura R. Williams, Scholarship Chair

### P.O. Box 18068 Cleveland Heights, Ohio 44118-0068

"Celebrating 53 years of giving scholarships to Cleveland Area students attending Hampton University"



# CLEVELAND CHAPTER NHAA SCHOLARSHIP APPLICATION (DEADLINE: <u>APRIL</u> 26, 2019)

### FORM 1 – PERSONAL INFORMATION

## PART A: PERSONAL INFORMATION

Type or print in blank spaces only; use 'Tab' key to advance to n					t field.			
Last Name			Fi	rst		Middle		
			N	ame			Initial	
Street			City			State	Zip	
							Code	
Home Phone				Cellu	ılar Phone			
(Area code)				(Area	a Code)			
Birth Date:	Month	Day	Ye	ar	E-mail:			

PART B: Complete	e <u>ONLY</u> if you are an I	ncoming Fresl	hman	n or Tra	ansfer Students
High School			Loca	ation	
HS Graduation Date Mont	h	Year		GPA	

Are you transferring from another College?	If yes, please	answer:					
Name of College	Location						
College rank as of August 2018 (check one)	ne) Fresh.		Soph.	Junior		Senior	

PART C: Complete ONLY if you are a Current Hampton University Student								
Are you a current Clevelan	d Chapter NHAA Scholarship	o recipient?	Yes			No		
College rank as of August 2018 (check one)			Fresh.	Soph.	Jur	nior	Senior	
Graduation Year		GPA						

PART D: Please list all School Activities, organizations and awards (clubs, sports, honor societies, etc.)

PART E: Please list all community service and extracurricular activities you are involved in.

#### Cleveland Chapter National Hampton Alumni Association P.O. Box 18068 Cleveland Heights, Ohio 44118-0068

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#### FORM 2 – FAMILY INFORMATION

## **PART F: Family Information**

Please provide information for each Parent or Guardian separately.

# ParentNameAddressPhoneOccupationEmployer

#### Parent/Stepparent

Name	
Address	
Phone	E-mail
Occupation	
Employer	

## Guardian

Name	
Address	
Phone	E-mail
Occupation	
Employer	

How many Dependent Children are there in your household?
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# PART G: References (Required for First Time Applicants ONLY)

Please submit two (2) letters of reference. Both letters can come from a current teacher, professor or guidance counselor. Or, one of the letters can be from a community or public service leader (i.e. church leader, community leader, volunteer organization) who has known you for 1 year or more.

Please complete the information below for each person writing letters of recommendation in support of your application. Letters of recommendation submitted with application must be sealed by reference or can be emailed separately by reference before the deadline (cleveland\_hamptonalumni@yahoo.com).

Reference 1	
Name	
(Mr. Mrs. Ms.)	
Title/	
Position	
Address	
(City, State, Zip)	
Phone	E-mail

#### Reference 2

Name	
(Mr. Mrs. Ms.)	
Title/	
Position	
Address	
(City, State, Zip)	
Phone	E-mail

#### Reference 3 (Optional)

Name		
(Mr. Mrs. Ms.)		
Title/		
Position		
Address		
(City, State, Zip)		
Phone	E-mail	

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## Form 4 – STATEMENT OF PERSONAL GOALS AND ESSAY

# **PART H: Statement of Personal Goals**

Write a brief paragraph describing your educational and career goals. (Please attach additional sheet if necessary.)

## **PART I: Essay**

Please answer (1) one of the essay questions listed below. **The essay must be a typed one-page, double-spaced, 12-font in Times New Roman.** The essay will be evaluated on content, depth, grammar, organization, and originality and must not exceed one typed page

- 1) Why did you choose to attend Hampton University and what unique characteristics/qualities/skills will or do you contribute to the diverse student population?
- 2) If you could solve any problem in the world, no matter how big or small, what would you solve and why? What solutions would you implement to solve this problem or area of concern?

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## PART J: STUDENT AID REPORT AND OTHER FINANCIAL RESOURCES

# ATTACH A COPY OF YOUR STUDENT AID REPORT (SAR) TO THIS APPLICATION.

If your SAR is not available, contact Laura Williams (Irw816@aol.com) for additional instructions regarding financial documentation.								
Are you rece	iving any other financial aid to attend Hampton University? (Check or	ne "x")	Yes	No				
If yes, please	give amounts and sources.							
Source		Amount						
Source		Amount						
Source		Amount						
Source		Amount						
		Total						
		Amount						

### **FINANCIAL INFORMATION**

Please list all financial resources that will be used to pay your tuition while attending Hampton University.

Parent Aid	Amount	
Scholarships from Hampton University	Amount	
Other Scholarships and Grants	Amount	
Self Employment	Amount	
Savings	Amount	
Loans	Amount	
Friends or Relatives	Amount	
Other Sources	Amount	
	Total	
	Amount	

Please submit completed application, required forms and references by the deadline of APRIL 26, 2019. Incomplete applications and applications received after the deadline will be automatically disqualified.

Please note the following eligibility criteria for scholarships offered through the Cleveland Chapter NHAA:

- Must be a U.S. citizen or an eligible noncitizen
- Must be an incoming freshman or returning student in good standing at Hampton University
- Must be a resident of Cuyahoga, Lake or Geauga Counties in Ohio.

Mail to: Cleveland Chapter NHAA, PO Box 18068, Cleveland Heights, OH 44118-0068 Contact: Ms. Laura Williams (Irw816@aol.com)