



# Black Women In Sisterhood For Action, Inc.

## SCHOLARSHIP APPLICATION

**Date of Submission: NO LATER THAN APRIL OF CURRENT YEAR**

<b>Applicant's Name:</b>				
<b>Address:</b>				
<b>Telephone Number:</b>	<b>Area Code (        ) Number:</b>			
<b>Name of High School:</b>				
<b>High School Address:</b>				
<b>Name of Principal:</b>				
<b>Telephone Number:</b>	<b>Area Code (        ) Number:</b>			
<b>Date of Graduation:</b>				
<b>Class Standing:</b>				
<b>Have you applied for admission to an accredited College/University?   <input type="radio"/> Yes   <input type="radio"/> No</b>				
<b>If Yes, State Name(s) and Address(es):</b>				
<b>Have you been accepted to any of these College/Universities?   <input type="radio"/> Yes   <input type="radio"/> No</b>				
<b>Which Colleges/Universities:</b>				
<b>List your extracurricular activities:</b>				
<b>Family Annual Income (Please fill in amount in space for EACH PARENT):</b>				
	<b>Less than \$8,000</b>	<b>\$8,000-\$15,000</b>	<b>\$15,000-\$25,000</b>	<b>Above \$25,000</b>
<b>Father</b>				
<b>Mother</b>				
<b>Name and Age of Sisters and Brothers (Are any in College?)</b>				
<b>Name</b>	<b>Age</b>	<b>In College (Yes or No)</b>		

*Reminder: Attach Transcript, SAT or ACT Scores, Income Forms, and Written Self-Portrait*