



Black Women In Sisterhood For Action, Inc.

SCHOLARSHIP APPLICATION

Date of Submission: NO LATER THAN APRIL OF CURRENT YEAR

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

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