



West Orange African Heritage Organization

P. O. Box 495
West Orange, NJ 07052

www.woaho.org

THOMAS W. HOLCOMB, SR. SCHOLARSHIP APPLICATION

PERSONAL INFORMATION:

Name: _____
Last First Middle

*E-Mail Address _____ Parent's e-mail Address _____

*Please note that most of the communication you receive from the WOAHO Scholarship Committee will be sent via e-mail.

Address: _____
Number & Street Apt. No. /Floor

City State Zip Code

Phone Number: () _____ () _____
Home Cell/Other

Date of Birth: ____/____/____ Gender: Female ____ Male ____

Place of Birth: _____
City State Country

Parent(s)/Guardian's Name(s): _____
Last First Last First

EMPLOYMENT AND COMMUNITY SERVICE:

1. List all employment in chronological order, starting with the most recent.

Name/Address of Employer	Dates of Employment	Job Title/Description of Duties	Indicate if Paid or Volunteer Position

2. List any organization in which you are an active member. Please do not use acronyms.

Name of Organization	Office(s) Held and Description of Participation	Dates of Membership

3. List any community service you have performed.

Organization	Leader/Supervisor	Type of Service	Dates of Service	Number of Hours

4. List your special talents, skills and/or abilities:

5. List any extra-curricular activities and describe your involvement.

EDUCATIONAL INFORMATION:

1. List colleges/universities you have applied to:

Name of College/University	Accepted		Area of Study/Interest (Major)	Type of Degree Pursuing	Expected Year of Graduation
	Yes	No			

FINANCIAL INFORMATION:

1. Have you applied for other financial assistance? Yes ____ No ____

2. Have you completed a FAFSA form? Yes ____ No ____

3. Itemize your *anticipated needs* for the upcoming academic year.

Tuition	\$ _____
Books	\$ _____
Room/Board	\$ _____
Transportation	\$ _____
Personal	\$ _____
Other (explain)	\$ _____
_____	_____
Total	\$ _____

LETTERS OF RECOMMENDATION

Every applicant is required to submit two (2) typed Letters of Recommendation.

Letters should be addressed to the WOAHO Scholarship Committee.

Name	Title or Position	Address	Phone Number
1. (WOHS STAFF MEMBER)			
2. (COMMUNITY SERVICE LEADER)			

CERTIFICATION

I, _____, hereby certify that the statements presented in this application are true and correct. I understand that the all required items *must be postmarked no later than March 5th, 2012* for my application to be considered complete, and that my application will not be considered unless it is complete by that date. I understand that if I am selected as a recipient I must submit a photograph to be used in a press release. I further certify that if I am selected the monetary scholarship award will be used for its intended purpose to further my higher education goals.

Applicant's Signature

Date

Parent/Guardian's Signature

Date

REMINDERS:

Required items to include prior to mailing:

- Completed application
- Two typed letters of recommendation
- Copy of transcript and most recent report card
- Typed essay (300-500 words)

Scholarship applicants may also be required to participate in interviews conducted in April or May

Scholarship recipients:

- Will receive acknowledgement of their awards at WOHS Senior Awards Night; and
- Will be invited to attend a separate WOAHO event where they will be acknowledged by the organization and community.

Please mail to:

Scholarship Committee
c/o WOAHO
P. O. Box 495
West Orange, NJ 07052