



# West Orange African Heritage Organization

P. O. Box 495  
West Orange, NJ 07052

www.woaho.org

## THOMAS W. HOLCOMB, SR. SCHOLARSHIP APPLICATION (All information must be typed)

### PERSONAL INFORMATION:

Name: \_\_\_\_\_  
Last First Middle

\*Student's E-Mail Address \_\_\_\_\_ Parent's e-mail Address \_\_\_\_\_

\*Please note that all 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)	\$ _____
_____	_____
<b>Total</b>	<b>\$ _____</b>

**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 15, 2024*** 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 in June 2022 where they will be acknowledged by the organization and community.

**Please mail all information to:**

**WOAHO  
C/O Scholarship Committee  
P. O. Box 495  
West Orange, NJ 07052**