



DEANDRE LORENZO WHITE MEMORIAL SCHOLARSHIP FUND

APPLICATION PROCEDURES

Please complete the entire application. Incomplete applications may be disqualified.

The applicant must meet the following criteria to be eligible for a scholarship:

Graduating High School Senior

GPA of 2.5 or higher

Active involvement in a local church, community service and/or civic organization(s)

Plan to enter an accredited two or four year college or university as a full-time freshman in Fall 2018

The following required documents must be attached to the completed scholarship application:

Official transcript (signed by school official, with school seal)

Copy of SAT or ACT scores

Copy of school acceptance letter and cost of attendance

Recommendation letter from Pastor or civic organization leader confirming involvement

Photograph (nonreturnable)

Essay 250 words (Typed, Double-Spaced, Times New Roman, 12 pt font) on the following: Tell us about the kind of legacy you want to leave behind.

Application deadline:

The completed application packet must be postmarked by May 15, 2018.

Submit the completed application packet:

On- line:

<http://www.deandrewhitescholarshipfund.com/scholarshipapplication.htm>

Email: apply@deandrewhitescholarshipfund.com

Via mail to:

The New Macedonia Baptist Church

Attn: The DLW Memorial Scholarship Board

4115 Alabama Avenue, SE

Washington, DC 20019

The DLW Scholarship Board reserves the right to verify any information contained in the application packet, as necessary. Misrepresentation of any information or the submission of inaccurate or incomplete information will result in disqualification of consideration for a scholarship or forfeiture of any reward received. Incomplete packets will not be returned. All information submitted is considered confidential. All materials, including photo, become the property of the DLW Memorial Scholarship Board and are nonreturnable.

For additional questions, call 202-583-5555 or email info@deandrewhitescholarshipfund.com.

The DeAndre Lorenzo White
Memorial Scholarship Fund

c/o The New Macedonia Baptist Church
4115 Alabama Avenue, Southeast
Washington, DC 20019
202.583.5555
www.deandrewhitescholarshipfund.com

DeAndre Lorenzo White Memorial Scholarship Application

Please complete the entire application. Incomplete applications may be disqualified.

STUDENT INFORMATION

First Name _____ Middle Initial ___ Last Name _____

DOB _____ Gender Male Female

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____ Website _____

Citizenship Status: US Citizen _____ Eligible non-citizen/Alien registration#: _____ Non-Citizen _____

PARENTAL/HOUSEHOLD INFORMATION

Father's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Mother's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Guardian's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

How many siblings living in the household will be attending college 2018-2019? _____

HIGH SCHOOL INFORMATION

Name of High School _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Website _____

Counselor's Name _____ Graduation Date _____

Cumulative GPA _____ SAT score (submit copy) _____ or ACT score (submit copy) _____

PERSONAL INFORMATION

List all hobbies, extracurricular activities, community service, organization affiliation including position, honors, awards received or participated in, and work history during high school:

Hobbies, activities, service, organization, honors, awards, work history	Dates
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

COLLEGE INFORMATION

List Colleges/Universities to which you have applied. Check which colleges/universities to which you have been accepted. **(Submit copy of letter of acceptance)**

College	Accepted
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Intended Major _____
Intended Minor _____
Career Goal _____

Essay:

In 250 words or less (Typed, Double-spaced, Times New Roman, 12 pt font), tell us what kind of legacy you would like to leave behind. **(Attach essay)**

I certify that all information provided is correct and complete to the best of my knowledge. I give the DLW Scholarship Committee permission to verify any information contained in my application packet, as necessary. I understand that misrepresentation of any information or the submission of inaccurate or incomplete information will result in disqualification of consideration for a scholarship or forfeiture of any reward that I may receive.

Applicant's Signature

Date (month, date, year)

Parent/Guardian's Signature

Date (month, date, year)

Checklist:

Completed scholarship application with signatures

Official transcript (signed by school official, with school seal)

Copy of SAT or ACT scores

Copy of school acceptance letter and cost of attendance

Recommendation letter from Pastor or civic organization leader confirming involvement

Photograph (nonreturnable)

Essay