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**RESIDENT SCHOLARSHIP RENEWAL APPLICATION:**

**GENERAL INFORMATION**

1. All applications must be **received by Friday, March 4, 2016 at Noon** (postmarked no later than Wednesday March 2, 2016)by the **AAHA Scholarship Fund, Inc.**
2. All applicants must meet the following criteria:

A. Have a minimum of a **“B” average or 3.0 GPA**.

B. Must be currently enrolled at an accredited vocational or technical school, college, or university.

C. Must be listed as a resident on the current tenant certification at a member complex, lives in an income restricted income unit and have lived at that complex for at least six months, the only exception would be a property that is less than six months old.

D. Must be in good standing with both the management company and the property in which you reside.

1. The applications will be judged on academic achievements, school attendance, work performance, career goals, extra-curricular school activities, community activities and other achievements. Extenuating circumstances and need may also be considered. Success in core curriculum courses, in particular will be considered in evaluating academic achievements.
2. Funds are to be utilized beginning August of 2016 and will remain in effect for the duration of the 2016-2017 school year. If awarded, the scholarship recipient will receive $750 for the first semester. Provided that the student maintains the qualifications of eligibility, they will be awarded another $750 for the second semester. Therefore, a total of $1,500 will be awarded for the entire school year. Prior to the start of each semester, the funds will be sent directly to the college in which the recipient attends.
3. The scholarship will be administered by the institution attended by the recipient. Funds may be used for books and/or tuitionfor one year or longer, if approved by AAHA Scholarship Fund. Recipient’s failure to continue required course of study or **maintain a “B” average (3.0 GPA)** will cause the unused portion of funds to revert back to the Scholarship Fund.
4. The scholarship recipients and their respective manager will be notified by May 1, 2016.
5. **If you have any questions, you may contact Arrice Faught, AAHA Executive Director: Email: arrice@alcarh.org Phone: (205) 331-8668**

AAHA Scholarship Renewal Instructions

1. Complete and sign the attached application form. Use extra sheets for responses if necessary.
2. Please provide an **official** certified copy of your college transcript showing your courses completed, current courses enrolled in, and grades for each course.
3. The following **MUST BE SUBMITTED WITH THE APPLICATION:** 
   1. Attach an essay, **typed** in 300 words or less describing any extraordinary circumstances or special factors that may affect your financial need. Also, state how the AAHA Scholarship has helped you achieve your goals.
   2. Attach **two** **(2)** letters supporting the academic record, school attendance, character, work experience, achievements, and potential for education and career advancement of the applicant.

* Letters from a teacher of an academic class that the applicant is currently enrolled in
* Letter may be from a school official such as a principal or counselor.
* Letter may be from ministers, coaches, employers, past teachers, or any person with

significant knowledge of the applicant.

**The letters should NOT be from any person related by blood or marriage to the applicant.**

* 1. Attach certification from apartment manager concerning your membership in household along with a copy of the current tenant income certification showing membership in household. **(Certification form is attached and must be signed by apartment manager.)** Also, attach a letter from the Management Company and from the Property you reside that states you are in good standing.

**E. Attach a 5 X 7 Current photograph (taken within the last three months).** This can be emailed or mailed. (This will be used only for promotional purposes if awarded scholarship)

Applications and other required documents must be received at the address below on or before **Friday, March 4, 2016 12:00 p.m.** Central Time (or postmarked no later than Wednesday, March 2, 2016). This application deadline is firm as to date and time.

Please mail, or scan and email the **completed** application to:

|  |  |
| --- | --- |
| **Regular Mailing Address:** | **Overnight Address:** |
| AAHA Scholarship Fund, Inc.  1105 Southview Ln Ste 103/#236  Tuscaloosa, AL 35405 | AAHA Scholarship Fund, Inc.  1503 Mallard Circle  Tuscaloosa, AL 35405 |

Alabama Affordable Housing Association

Scholarship Renewal Application 2016

Full Name:

Last First Middle

Mailing Address:

Street Address

City County State Zip

Home Phone: Cell Phone:

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security #: Date of Birth:

Apartment Complex:

Management Company:

Manager’s Name:

Manager’s Office Phone:

Undergraduate GPA (4.0 Scale): (attach copy of transcript)

Expected Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_ Degree\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major: \_\_\_\_\_

Registrar Office Phone and Contact Person:

**Do you currently have or expect to have any of the following:**

Scholarships: **YES / NO** If yes please list all scholarships expected including:

How Much? Duration of Scholarship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Government Grants: **YES / NO** If yes how much?

Student Loans: **YES / NO** If yes how much?

Any other sources of college funding? \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMPLOYMENT**

List all job employment in which you have received wages during the past 4 years (e.g. cashier, restaurant worker, receptionist, errand runner, maintenance work, etc.)

\_\_\_\_\_\_\_\_\_

Position Location Dates Held

\_\_\_\_\_\_\_\_\_

Position Location Dates Held

\_\_\_\_\_\_\_\_\_

Position Location Dates Held

\_\_\_\_\_\_\_\_\_

Position Location Dates Held

**\_\_\_\_\_\_\_\_\_**

## AMBITIONS

Where do you plan to attend college? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the average annual tuition cost of where you plan to attend?

When do you plan to graduate?

What kind of degree and career do you plan to pursue? \_\_\_\_\_\_\_\_

\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Alabama Affordable Housing Association**

**STUDENT RECOMMENDATION**

**TO BE COMPLETED BY APPLICANT:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Last Middle

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

**TO BE COMPLETED BY PERSON RECOMMENDING APPLICANT:**

How long and in what capacity have you known the applicant?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide an assessment of the applicant’s academic performance, personality, character, and conduct. Include in the statement an assessment of strengths, weaknesses, and challenges that the student has overcome. If addition space is needed, you may use a separate sheet of paper.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address City State Zip

**\*Please seal this recommendation in an envelope and return to the applicant, to be included in their application materials.**

**SCHOOL ACTIVITIES**

List all school activities in which you have participated during the past 4 years (e.g. student government, music, sports, etc.) Indicate all special awards and honors. List all leadership positions and offices held. Check academic years during which you participated. If necessary, you may attach additional sheets; use the below format and please DO NOT REPEAT ACTIVITES.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Activity | ’12-‘13 | ’13-‘14 | ’14- ‘15 | ’15- ‘16 | Special Awards/ Honors | Leadership Positions Offices Held | ’12-‘13 | ’13- ‘14 | ’14- ‘15 | ’15- ‘16 |
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# COMMUNITY AND VOLUNTEER SERVICES

List all community and volunteer activities in which you have participated without pay during the past 4 years (e.g. Red Cross, Big Brothers/Big Sisters, Youth Group, volunteer at nursing home, recycling project, fund raisers, etc.) Indicate all special awards and honors. List all leadership positions and offices held. Do not list any paid work. Check academic years during which you participated.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Activity | ’12-‘13 | ’13-‘14 | ’14- ‘15 | ’15- ‘16 | Special Awards/ Honors | Leadership Positions Offices Held | ’12-‘13 | ’13- ‘14 | ’14- ‘15 | ’15- ‘16 |
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## FINANCIAL NEED

Please attach a **TYPED** a short essay in 300 words or less explaining how the AAHA Scholarship has provided an opportunity of financial assistance to help you attain your educational goals.

**AUTHORIZATION & SIGNATURE**

By submitting this application, I authorize my high school or higher education institution to make available to the AAHA Scholarship Fund, Inc. (“The Scholarship Fund”) and its agents, any and all information concerning my academic record and any other pertinent information. I certify that all of the information in this application is true and correct to the best of my knowledge and that I meet the eligibility requirements set forth in this Application Form. I further authorize the Scholarship Fund to disclose my name, address, and photograph in connection with promotional activities concerning the Scholarship Fund and to schools and colleges.

Applicant Signature Date

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Parent or Guardian’s Signature (if under age 19) Date

### RESIDENCY CERTIFICATION

**(TO BE COMPLETED BY RESIDENT MANAGER)**

Applicant Name:

Apartment Complex: \_\_\_\_\_\_\_\_

Apartment Manager:

Manager’s Office Phone:

Head of Household on Tenant Certification:

The Applicant is listed on the **attached tenant income certification.**

(Print name)

Signature Date

Title, Name of Complex

Management Company

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### GOOD STANDING CERTIFICATION

**(TO BE COMPLETED BY RESIDENT MANAGER)**

Applicant Name:

Apartment Complex:

Apartment Manager:

Manager’s Office Phone:

Head of Household on Tenant Certification:

The Applicant is currently in good standing.

(Print name)

Signature Date

Title, Name of Complex

Management Company

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