1. All applications must be **received by Friday, February 28, 2020** (postmarked no later than **Wednesday, February 26, 2020**) in order to be considered for renewal.

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.

3. The applications will be judged on academic achievements, career goals, extra-curricular school activities, community activities and other achievements. Success in core curriculum courses, in particular will be considered in evaluating academic achievements.

4. Funds are to be utilized beginning August of 2020 and will remain in effect for the duration of the 2020-2021 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.

5. The scholarship will be administered by the institution attended by the recipient. Funds may be used for books and/or tuition for 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.

6. The scholarship recipients and their respective manager will be notified via email by May 2020.

7. **If you have any questions, you may contact Arrice Faught, AAHA Executive Director,**

   **Email:** arrice@theaaha.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:**
   
   A. 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.

   B. 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)

   *****PLEASE BE SURE PICTURE IS TAKEN IN SUNDAY DRESS, no selfies please. *****

Applications and other required documents must be received at the address below on or before **Friday, February 28, 2020 12:00 p.m.** Central Time (or postmarked no later than February 26, 2020). This application deadline is firm as to date and time.

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

**Regular Mailing Address:**
AAHA Scholarship Fund, Inc.
1105 Southview Ln Ste 103/#236
Tuscaloosa, AL  35405

**Overnight Address:**
AAHA Scholarship Fund, Inc.
1503 Mallard Circle
Tuscaloosa, AL  35405
Full Name: ____________________________________________________________

Last
First
Middle

Mailing Address: __________________________________________________________

Street Address

City
County
State
Zip

Home Phone:_________________________ Applicant’s Cell Phone:_________________________

Applicant’s Email: __________________________________________________________

Applicant’s Social Security #:_________________________

Applicant’s Date of Birth:_________________________

Apartment Complex:___________________________________________________________

Management Company:___________________________________________________________

Manager’s Name:_______________________________________________________________

Manager’s Cell Phone:___________________________________________________________

Manager’s Office Phone:___________________________________________________________

Manager’s Email Address:___________________________________________________________

Undergraduate GPA (3.0 Scale):_________ (attach copy of transcript)

Expected Graduation Date:_________ Degree_________ Major:_________________________

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.)

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FINANCIAL NEED

Please attach a TYPED 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. Please list your graduation date and degree. What plans do you considered to pursue?

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

_______________________________________  ______________________
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: ________________________________

Manager's Email Address: ________________________________

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
GOOD STANDING CERTIFICATION
(TO BE COMPLETED BY RESIDENT MANAGER)

Applicant Name: ________________________________

Apartment Complex: ________________________________

Apartment Manager: ________________________________

Manager’s Office Phone: ________________________________

Manager’s Email Address: ________________________________

Head of Household on Tenant Certification: ________________________________

The Applicant ________________________________ is currently in good standing.

____________________________________________________
(Print name)

_________________________________________  ____________
Signature  Date

____________________________________________________
Title, Name of Complex

____________________________________________________
Management Company