



RESIDENT SCHOLARSHIP RENEWAL APPLICATION: GENERAL INFORMATION

1. All applications must be **received by Friday, March 12, 2021** (postmarked no later than **Wednesday, March 10, 2021**) 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 2021 and will remain in effect for the duration of the 2021-2022 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 2021.
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 March 12, 2021 12:00 p.m.** Central Time (or postmarked no later than Wednesday, March 10, 2021). 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

Alabama Affordable Housing Association Scholarship Renewal Application 2021

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: _____

Current College Attending: _____

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.)

Position	Location	Dates Held

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