Prince George’s County Chapter
Bowie State University National Alumni Association, Inc.
Delores Alma Cole Brown
Scholarship Application

Criteria:

1. Must be enrolled as a full-time student at Bowie State University.
2. Must be majoring in education.
3. Must be a undergraduate student.
4. Must have a 2.5 or better grade point average.
5. Must substantiate a financial need as determined by the Financial Aid Office.
6. Must include two letters of reference with your application on official business stationery – one from current instructor at BSU. Letters from relatives are not acceptable.

Submit your application by email only to: (one attachment)

Office of Financial Aid
Henry Administration Building
Bowie State University
financialaid@bowiestate.edu
Prince George’s County Chapter
Bowie State University National Alumni Association, Inc.
Delores Alma Cole Brown Scholarship
2020 Scholarship Application

Please complete entire application. Omission on any data will disqualify your application. Use black ink or typewriter.

Name___________________________________________ Student Number____________

Home Address__________________________________________________________________________

City_________________________________ State________________ Zip Code_____________

Date of Birth_____________ Tele. No.__________________ Cell ______________

High School Attended________________________ Location_______________________

Graduation Date from High School__________ Date entered BSU________________

Classification_________________________ Major________________________ Minor_________

Fill in if you live on campus:

Campus address________________________________________________________________________

__________________________________________________________

Student Involvement:

Community Activities___________________________________________________________

Extra-Curricular Activities_______________________________________________________

Campus Groups_______________________________________________________________

Special Achievements/Awards_______________________________________________________

Are you currently working?_______ If yes, give company name________________________

Write a short statement about your goals.___________________________________________

_______________________________________________________________________________
State in fifty words or less your reason for applying for this scholarship:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Student Signature ___________________________ Date _______________________

REFERENCES:

Two letters of reference on official stationery must accompany this application. Note: Only send the original copies of your letters. One letter must be from a current instructor of yours at BSU. Letters from relatives are not acceptable. List names and telephone numbers below:

1. Name_________________________Telephone Number________________________
2. Name_________________________Telephone Number________________________

NOTE:

Contact Person: Addie L. Martin     Phone Number: (301)-868-6081
Falsification of any information submitted will result in loss or forfeiture of any scholarship funds.

To Be Completed by the Financial Aid Officer

Is this student receiving any financial aid?   Yes___________No_____________

If so, what type?__________________________________________________________Amount____________________

Is this student receiving additional scholarships? Yes_____________No_____________

Please state student’s balance $_________________________

Please check:   Dependent ( )    Independent ( )     Campus Resident ( )   Commuter ( )

Fall Semester GPA __________________

Signature of Financial Aid Officer ___________________________ Date ________________