

Prince George's County Chapter  
Bowie State University National Alumni Association, Inc.  
**Scholarship Application**

**Criteria:**

1. Must be enrolled as a full-time student at Bowie State University.
2. Must be a resident of **Prince George's County, Maryland and must have attended a Prince George's County High School.**
3. Must be a **second semester freshman**, or higher, undergraduate student.
4. Must have and maintain a 2.3 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 **BSU business stationery.**
7. Application deadline is **February 15, 2021**

**Submit your application as one attachment to:**

Bowie State University

Office of Financial Aid

[financialaid@bowiestate.edu](mailto:financialaid@bowiestate.edu)

Prince George's County Chapter  
Bowie State University National Alumni Association, Inc.  
2021 Scholarship Application

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

Name \_\_\_\_\_

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. \_\_\_\_\_

\_\_\_\_\_

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State in fifty words or less your reason for applying for this scholarship. \_\_\_\_\_

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**REFERENCES:**

Two letters of reference on official **BSU 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.

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

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Signature of Financial Aid Officer

Date