INSTRUCTIONS

- 1. Complete and sign the attached application form. Attach additional sheets for responses if necessary.
- 2. You must provide a copy of your high school or college transcript showing your courses completed, current courses enrolled in, grades for each course, and your grade point average.
- 3. The following MUST BE SUBMITTED WITH THE APPLICATION:
 - a. An essay in 300 words or less describing any extraordinary circumstances or special factors that affect your financial need and how the AAHA Scholarship would help you obtain your educational goals.
 - b. Provide 3 letters of recommendation from individuals based on the criteria provided on the recommendation page (pg. 4).
 - c. A certification from your apartment manager concerning your membership in the household, along with a copy of the current tenant income certification showing the applicant's membership in the household. (The certification form and good standing form are attached and must be signed by the apartment manager.)
 - d. Attach a copy of your acceptance letter to the school you plan to attend. If you have not decided, please attach all acceptance letters from schools you are considering. e. Attach a 5x7 Current photograph (taken within the last three months).

*** PLEASE BE SURE THE PICTURE IS TAKEN IN SUNDAY DRESS: NO SELFIES PLEASE***

Applications and other required documents must be received by email with all required documents by <u>February 28th</u>, <u>2025</u>, <u>at 5:00 PM CST</u>. This application deadline is firm as to date and time.

Please email applications and all supporting documents to Arrice Faught at arrice@theaaha.org

Conditional acceptances will be delivered by email on April 18th, 2025.

<u>Final acceptances will be delivered by email on June 1st, 2025 after receiving and reviewing your Final Spring Transcript.</u>

Please email Arrice Faught at arrice@theaaha.org with any questions regarding the application process.

AAHA SCHOLARSHIP FUND

2025-2026 TRADITIONAL STUDENT

Full Name	
Date of Birth /	
Home Address	
	Zip Code
Phone Number	Email
Parent/Guardian Name	
Parent's	Parent's
	_ Email
Apartment Complex	
Management Company	
Manager's Name	
Manager's	Manager's
Phone Number	_ Email
EDUC	ATION
Are you currently attending high school?	High School Tes ○ No Graduation Date//
High School GPA	ACT Score
High School Name	
If applicable, please name any Vocational Sch College/University currently or previously at	ool, Trade School, Technical School, or
If applicable: Undergraduate GPA	
If applicable: Expected Graduation Date	
If applicable: Expected Graduation Date	
If applicable: Expected Graduation Date If applicable: Degree/Major	○ Yes ○ No

EXTRACURRICULAR ACTIVITIES

Below, please list any current or past employment experience you have.

Place of Employment	Position	Dates held
Please list below any school activities you were involved in. e.g. student government, sports, music, etc.)		
Please list below any community and volunteer service you have.		

LETTERS OF RECOMMENDATION

Three or more letters of recommendation are required with your application

Please list the names of the recommenders below.

- (1) letter may be from a teacher of an academic class that the applicant is currently enrolled in (if applicable)
- (1) letter may be from a school official such as a principal or counselor
- (1) letter may be from a minister, coach, past teacher, 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

Recommender's Name	Relationship with Applicant	Position

Please have all letters of recommendation emailed to Arrice Faught at <u>arrice@theaaha.org</u>

FINANCIAL NEED	
Please type a short essay below in 300 words or less explaining how the AAHA Scholarship will provide you an opportunity of financial assistance to help you attain your education 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 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, college, and photograph in connection with promotional activities concerning The
Scholarship Fund and to schools and colleges.

Applicant Signature	Date
	Date

RESIDENCY CERTIFICATION

(TO BE COMPLETED BY RESIDENT MANAGER)

Applicant Name:		
Applicant Name:		
Apartment Complex:		
Apartment Manager:		
Manager's Cell Phone:		
Head of Household on Tenant Certification:		
The Applicant	is listed on the	
attached tenant income certification.	13 113 113 114 311 1116	
(Print Manager's Name)		
(Crime manager o Italiae)		
Manager's 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 Cell Phone:		
Head of Household on Tenant Certification:		
The Applicant	is listed on the	
attached tenant income certification.		
(Print Manager's Name)		
Manager's Signature	-	Date
Title, Name of Complex		
Title, Name of Complex		
Management Company		