



AAHA SCHOLARSHIP FUND

2025 - 2026
RENEWAL
STUDENT

Arrice Faught
AAHA Scholarship Director
arrice@theaaha.org

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. 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.)**
 - c. If you plan to transfer from your current school, please attach a copy of your acceptance letter to your new school.
 - d. 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 **February 28th, 2025, at 5:00 PM CST**. 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.

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

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

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STUDENT INFORMATION

Full Name _____

Date of Birth ____ / ____ / ____

Home Address _____

City _____ County _____ Zip Code _____

Phone Number _____ Email _____

Parent/Guardian Name _____

Parent's Phone Number _____ Parent's Email _____

Relationship to Student _____

Apartment Complex _____

Management Company _____

Manager's Name _____

Manager's Phone Number _____ Manager's Email _____

EDUCATION

What school are you currently attending? _____

Undergraduate GPA _____ Expected Graduation Date ____ / ____ / ____

Degree/Major _____

Do you plan to transfer this year? Yes No

If yes, where do you plan to attend? _____

FINANCIAL INFORMATION

Do you currently have or expect to have any other scholarships? Yes No

If yes, how much? What is the duration of the scholarship?

Do you currently have or expect to have any government grants? Yes No

If yes, how much? _____

Do you currently have or expect to have any student loans? Yes No

If yes, how much? _____

Do you have or anticipate to have any other sources of college funding?

EXTRACURRICULAR ACTIVITIES

Below, please list any new employment experience you have.

Place of Employment	Position	Dates held

Please list below any new school activities you are involved in.
(e.g. student government, sports, music, etc.)

Please list below any new community and volunteer service experience.

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

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 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

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 currently in
good standing.

(Print Manager's Name)

Manager's Signature

Date

Title, Name of Complex

Management Company