

**ALPHA IMPACT CHARITABLE FOUNDATION  
SCHOLARSHIP APPLICATION  
FOR AFRICAN AMERICAN HIGH SCHOOL MALES**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

(Format: ###-###-####)

School Name: \_\_\_\_\_

Date of Birth Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

Scholastic Achievements: \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

Educational Field of Interest: \_\_\_\_\_

**Essay**

In no less than 200 words, and no more than 500, briefly discuss the impact your educational goals, career goals and objectives are going to have on our ever changing society in whole and the African American community in part.

The applicant and applicant's parent/guardian must sign the signature page and return according instruction on signature page.

**AICF SCHOLARSHIP  
ALPHA IMPACT CHARITABLE FOUNDATION  
KATY/CYPRESS SCHOLARSHIP PROGRAM  
FOR  
PROMISING YOUNG AFRICAN AMERICAN MALES**

***SIGNATURE PAGE***

Upon completion of your electronic application, please sign as indicated below. Then scan the signed page and email to: [aicf@live.com](mailto:aicf@live.com) and scholarship co-chairmen Mr. Wayne A. Oliver Jr. [wao1906@gmail.com](mailto:wao1906@gmail.com) and Mr. Jason Bullen [jbullen1906@gmail.com](mailto:jbullen1906@gmail.com).

IF I AM A RECEIPT OF AN AICF SCHOLARSHIP AWARD GIVEN BY ALPHA IMPACT CHARITABLE FOUNDATION, I WILL USE ALL FUNDS RECEIVED FOR EDUCATIONAL PURPOSES ONLY. I HEREBY AUTHORIZE THE SCHOLARSHIP COMMITTEE TO VERIFY ANY OF THE REQUIRED APPLICATION INFORMATION AS NEEDED.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT'S/GUARDIAN'S: \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE

THE SIGNED SIGNATURE PAGE AND ALL SUPPORTING DOCUMENTATION **MUST** BE POSTMARKED NO LATER THAN **FRIDAY, APRIL 29, 2016. NO EXCEPTIONS**