

**Howard University**  
**Office of Financial Aid, Scholarships and Student Employment**  
**2400 6<sup>th</sup> Street, NW, Suite 205, Washington, DC 20059**

**DONOR-BASED SCHOLARSHIP APPLICATION**

APPLICATION DEADLINE: **APRIL 30, 2010**

<b>APPLICANT INFORMATION:</b>		
Name (Last, First, MI):		<input type="checkbox"/> Female <input type="checkbox"/> Male
Social Security Number:	Howard University ID Number:	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate/Professional
Local Address (Street or P.O. Box, Apartment, City, State, Zip Code):		
Permanent Address (Street or P.O. Box, Apartment, City, State, Zip Code):		
Citizenship Status:		
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> International Student		
Birthplace (City, State, Country):		Local/Mobile Telephone Number:
E-mail Address:		School/College:
Academic Classification:		Major/Minor:
Extracurricular Activities:		
<b>CERTIFICATION:</b>		
<i>By my signature, I authorize Howard University to release information to the donor of this scholarship, if applicable, should I receive an award. I certify that all of the information given in this scholarship application is complete and accurate. If I do receive an award I will submit a 4" x 6" professional looking headshot photograph, a current résumé, a donor report form and a "thank you" letter addressed to the scholarship donor. I understand that failure to do so by the prescribed deadline will result in the cancellation of my award.</i>		
Applicant Signature:		Date:

**FOR OFFICIAL USE ONLY. DO NOT WRITE BELOW THIS LINE.**

Admission Status:	Classification:
Name of Scholarship Awarded:	Amount:
Term/Year:	Cumulative GPA: