**Divine 9 Educational and Charitable Foundation, Inc.**

***2019 Undergraduate Scholarship Application***

**Deadline: April 24, 2020**

**Packet must be received by 11:59 PM OR postmarked by this date**

**Please mail or email application package to:**

**D9foundationscholarship@gmail.com**

**Divine 9 Educational and Charitable Foundation, Inc.**

**P.O. Box 300107**

**Houston, Texas 77054**

**Application Instructions:**

* Complete the entire application packet provided on the following pages. Feel free to use additional sheets, if needed. Typed or use black ink only. Please print!
* Type a detailed essay to give the committee a clear vision of who you are and, if applicable, **why you need** the scholarship or any other pertinent information.
* Submit two letters of recommendations - one letter should be from an active Pan-Hellenic Council member, and the other may be from an individual in your community, such as a teacher, counselor, or pastor.
* Submit an official transcript **(sealed/unopened)** with application materials. Please submit to the mailing address above.
* Applicants must be U.S. citizens or permanent resident. Must be a current full time student at an accredited university or college. Must be a current financial active member of a Divine 9 organization.
* Submit copy of membership card of your NPHC organization, or a letter from your graduate advisor or counselor.
* Application materials must be received in one packet. Transcripts and letters of recommendation should not be sent under a separate cover. All questions should be directed to email address above.
* Incomplete or faxed applications will not be considered. We suggest that you keep copies of your application materials for your records. **Material will become property of the Divine 9 Educational and Charitable Foundation and will not be returned**.
* Applicant will be notified via a telephone call and email if they have been selected to receive a scholarship award. Please have application reviewed before sending.
* Scholarships will be awarded June 8th, 2020 at the NPHC annual dinner. Your presence is requested. Location to be announced.

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 ***2020* *Undergraduate Scholarship Application***

**PERSONAL DATA (Type or print in black ink only)**

Are you a U.S. Citizen? Yes No

If non-U.S. Citizen, please provide your U.S. Permanent Resident Card Number or Driver’s License Number

Full Legal Name

 Last First Middle Male/Female

Permanent Address

 Street

City State Zip

Date of Birth Telephone # Cell # E-Mail Address

University

 Name

City State Zip

Please circle the Pan-Hellenic organization of which are a memeber:

**Alpha Kappa Alpha Alpha Phi Alpha Delta Sigma Theta Iota Phi Theta**

**Kappa Alpha Psi Omega Psi Phi Phi Beta Sigma**

**Sigma Gamma Rho Zeta Phi Beta**

Year joined:

Currently active and financial: Yes No

Graduate Advisor/Counselor:

 Name Phone Number

# Honors and Awards:

• List any awards or honors that you have received beginning with your freshman year

• For each award or honor, indicate the year and classification (ex. freshman, sophomore, etc.)

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| **Honors and Awards** | **Classification - Year** |
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**University Activities:**

•List all university-related activated you have participated in beginning with your freshman year

•Be sure to include any leadership roles.

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| **University Activities** | **Classification - Year** |
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**Community Activities:**

•List all community-related activities you have participated in beginning with your freshman year

•Be sure to include any leadership roles

•Examples of community activities are: volunteer work, NPHC Breakfast with Santa, Relay for Life, youth group activities, church

 activities, sports activities, scouting, city or county

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| **Community Activities** | **Classification - Year** |
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# Employment:

• Beginning with your most current or recent job, list your work experiences including the type of position

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| **Employment** | **Date Worked** | **Position Held** | **Hours Per Week** |
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I certify that all of the information listed on this application is true and factual to my knowledge. I understand that if any of the information is proven to be false, I may be disqualified from being considered for the Scholarship Award.

 **Applicant’s Signature Date**