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**2024 Buffalo Soldiers Scholarship Competition Application**

**Deadline:   *Friday, MARCH 29, 2024***

**Do not attach a resume in lieu of completing this form. It will not be reviewed.**

**SAVE ALL PRODUCTS IN A FOLDER AND SHARE THE FOLDER**

**Contact Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** |  | **Last Name:** |  |
| **Address:** |  |
| **City:** |  | **State:** |  |
| **Zip Code:**  |  | **Email:** |  |
| **Home Phone:** |  | **Cell Phone:** |  |
| **Date of Birth:** |  | **Gender:** |  |

**Academic Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **High School Name:** |  | **City / State** |  |
| **Graduation Date:** |  | **GPA:** |  |
| **Class Rank:** |  | **Class Size:** |  |
| **ACT Composite Score:** |  | **SAT Critical Reading Score:** |  |
| **SAT Math Score:** |  | **SAT Written Score:** |  |
| **Does Your school offer Honors, AP, or IB Programs, Dual Enrollment? Yes / No** |  |
| **Number of Honors Classes You Have Taken:** | **Number of AP Classes You Have Taken:** | **Number of IB Classes You Have Taken:** | **Number of Dual Enrollment Classes You Have Taken:** |

**College Information (**If you have not finalized your college choice, provide your first choice school.)**:**

|  |  |  |  |
| --- | --- | --- | --- |
| **College Name:** |  | **City / State:** |  |
| **Institution Type:         Certificate      Four-Year      Two-Year       Vocational or Technical:** |  |
| **Degree Sought:   Associates         Bachelors                  Certificate**  |  |
| **Major:** |  |
| **Anticipated Graduation Date:** |  |  |  |

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**Applicant’s Community Service, Extracurricular Activities and Work Experience during the applicant’s academic career.**

|  |  |
| --- | --- |
| **Description**  |  |
| **Total Hours or Average Hours per week:** |  | **Are you still participating? (yes / no)** |  |
| **Start Date:**  |  | **End Date :**  |  |
| **Highest Position Held:** |  |

|  |  |
| --- | --- |
| **Description**  |  |
| **Total Hours or Average Hours per week:** |  | **Are you still participating? (yes / no)** |  |
| **Start Date:**  |  | **End Date :**  |  |
| **Highest Position Held:** |  |

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| --- | --- |
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| **Highest Position Held:** |  |

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**Honors and Awards**: use this space to provide the applicant’s honors and awards during the applicant’s academic career.

|  |  |
| --- | --- |
| **Description**  |  |
| **Level (National/State/Regional/Etc.):** |  | **Academic Year Achieved** |  |

|  |  |
| --- | --- |
| **Description**  |  |
| **Level (National/State/Regional/Etc.):** |  | **Academic Year Achieved** |  |

|  |  |
| --- | --- |
| **Description**  |  |
| **Level (National/State/Regional/Etc.):** |  | **Academic Year Achieved** |  |

|  |  |
| --- | --- |
| **Description**  |  |
| **Level (National/State/Regional/Etc.):** |  | **Academic Year Achieved** |  |

|  |  |
| --- | --- |
| **Description**  |  |
| **Level (National/State/Regional/Etc.):** |  | **Academic Year Achieved** |  |

|  |  |
| --- | --- |
| **Description**  |  |
| **Level (National/State/Regional/Etc.):** |  | **Academic Year Achieved** |  |

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**Terms & Conditions:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify, to the best of my knowledge, the information on this application is complete and accurate. Falsification of any information will cause my disqualification from the scholarship competition.

I understand it is my responsibility to make sure the application process is complete by the required deadline (***Friday, MARCH 29, 2024)***. If not, the application may be disqualified from the awards competition and may not be considered for an award.

This application, upon receipt, becomes the property of the program sponsor (BSMCSWIL).

**I agree that, if selected as an award winner for the Buffalo Soldiers Motorcycle Club Scholarship Competition, the program sponsor or its agents may have and use a current headshot photo, my name and likeness and any other information or materials provided in connection with this competition for purposes of news, publicity and advertising in all media, including but not limited to print and electronic media, press releases, internet websites and video media.**

To comply with the provisions of the Family Educational and Privacy Act of 1974, I hereby grant permission for school officials to release secondary school records and other requested information to the Buffalo Soldiers Motorcycle Club Southwest Illinois Chapter, if necessary.

**If you are under the age of 18 at the time you apply and submit all required information for this scholarship competition, your parent/guardian must also agree to these Terms and Conditions by signing below. Then send and/or scan this signed document with your information.**

**Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Signature** (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit Application:**

**DO NOT FORGET THAT IF YOU ARE UNDER THE AGE OF 18 AT THE TIME YOU SUBMIT YOUR INFORMATION YOU AND YOUR PARENT/GUARDIAN MUST COMPLETE THE TERMS AND CONDITIONS ABOVE TO SUBMIT WITH YOUR INFORMATION.**

Materials must be postmarked by midnight ***Friday, MARCH 29, 2024*.** You may mail or email your application with all the applicable materials to: **SAVE ALL PRODUCTS IN A FOLDER AND SHARE THE FOLDER**

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| --- | --- |
| **Contact Information** | **Mailing Address** |
| Cassandra ‘Silhouette’ Hagood | P.O. Box 95 O’Fallon, IL 62269 |

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| --- | --- |
| **Contact Information** | **Email address** |
| Cassandra ‘Silhouette’ Hagood | swilscholarship@gmail.com  |