



GRAMBLING UNIVERSITY ALUMNI ASSOCIATION

Los Angeles Chapter
P. O. Box 882172
Los Angeles, CA 90009
(310) 521-8120 - Phone
(323) 756-1409 - Fax

ODESSA A. SHAW MEMORIAL SCHOLARSHIP APPLICATION

Deadline: April 30th

Applicant Information:

First Name: _____ **Last Name:** _____

Permanent Address (If different from mailing)

Streets: _____

City: _____ **State:** _____ **Zip Code:** _____

Mailing Address

Streets: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone Number: _____ **Cell Phone Number:** _____

Email: _____

Are you a United States Citizen? Yes: () No: ()

If NO, do you have a U.S. Permanent Residence Visa? Yes: () No: ()

Are you a previous recipient of a GUAALA Scholarship? Yes: () No: ()

If yes, please provide the previous dates of the awards:

Educational Information:

High School: _____ **GPA:** _____

Graduation Date: _____

College GPA: _____ **Major:** _____

Extracurricular Activities:

<u>Activity</u>	<u>Roles & Responsibilities</u>
1. _____	_____ _____
2. _____	_____ _____
3. _____	_____ _____
4. _____	_____ _____
5. _____	_____ _____

Employment or Volunteer Services

Essay Question:

In 500 words or less, explain why you have chosen GSU as your institution of higher learning, and how you believe your education, experiences, etc., there will be of value to you as an individual, your immediate family, community and the world at large. (If additional space is needed, please submit a separate attachment.)

PLEASE READ BEFORE SIGNING:

By signing this application, I understand that if awarded funds by the GUAA-LA Scholarship Committee such funds are subject to the policies and regulations of the Committee. Any false statements or misrepresentation made by me on this application or any supplement will be sufficient grounds for immediate cessation of funds.

I also understand that as a recipient of this scholarship, I must maintain a GPA of 2.5 or higher each semester;

I also agree to communicate with the Alumni Association (AA) at regular intervals during the school year;

To the degree possible, I agree to participate in activities sponsored by the AA and the annual Historical Black Colleges and Universities (HBCU) picnic held in Los Angeles in August of each year;

I understand that the amount of my scholarship will be based on available funds;

I understand that it is my responsibility to provide the Scholarship Committee with my current home address, telephone number, email address, and an official or unofficial copy of my transcript along with proof of enrollment within the first 30-days of each semester; and

I understand that my parent(s) and/or guardian(s) will be invited to become Associate members of the Alumni Association and are expected to support the Association's local fundraisers.

Applicant's Name (Print)

Signature

Date

Parent/Guardian Name (Print)

Signature

Date

Referred by: _____

Phone: _____

Submit your completed application along with your essay, an official high school transcript, and a wallet size photo to: GUAA-LA Scholarship Committee, P. O. Box 882172, Los Angeles, CA 90009.

For questions or additional information; please visit our website at: www.guaala.com.