



To: Candidates

From: Carlos A. Goins, Scholarship Chair

Subject: Application Information for Black Alumni Society Undergraduate Scholarship

Date: September 8, 2008

Candidates:

Enclosed is an application form for Black Alumni Society Scholarship. This application is to be completed in full and returned to the Department of Multicultural Student Affairs on or before, **December 1, 2008**. Applications received after this deadline will not be considered. If you have any questions related to the application process, please contact BAS Scholarship Chair at cagoins101@yahoo.com.

Checklist

- Completed application
- Financial Aid Need Verification from the Office of Financial Aid and Scholarships
- 1 Letter of Recommendation from NCSU Faculty or Staff Member
- Official Transcript

General Criteria

1. The Candidate must submit a completed application packet.
2. Persons eligible for any scholarship award consideration must:
 - a) Be an active member of NC State's African American community through programs, activities and/or participation in student organizations
 - b) Meet the GPA minimum requirement of **2.7**
 - c) Exhibit financial need

3. Be a full time student.
4. Provide a copy of official transcript.
5. Provide one letter of Recommendation from NCSU faculty or staff member.
6. Submit application on/or before the deadline established by the Committee for consideration.
 - a) Scholarship finalist will be interviewed by BAS Scholarship Committee or BAS Representative(s).

PART I

Name: _____

Campus Address: _____

Permanent Address: _____

Campus Phone # _____

Mobile phone# _____

Email address _____

B. Scholarship

1. Cumulative GPA _____

2. Major _____ *Minor* (if any) _____

3. In what honor societies do you hold membership?

C. Leadership

1. Organizational offices held _____

2. List any other significant evidence of leadership capabilities demonstrated.

PART II

I understand that I am responsible for ensuring that my financial aid office completes the need analysis portion of my application and that I am responsible for sending the application directly to the Black Alumni Society. I, the undersigned, authorize my current institution to share all required and requested information with the Black Alumni Society.

Student Signature: _____

Date: _____

FINANCIAL AID NEEDS ANALYSIS

To be completed by the Office of Scholarships & Financial Aid.

Important: Do not include expenses for the summer term for this worksheet. Provide a dollar value for each field even if it is zero. Please use general budget information for all students living on campus, off campus, and at home.

Cost of Attendance \$ _____

(minus) EFC \$ _____

(=) Demonstrated Need \$ _____

Name of Financial Aid Advisor: _____

Title: _____

Direct Telephone Number: _____

Email Address: _____

I, the undersigned, certify that the information provided on this form is to the best of my knowledge, true and correct.

Financial Aid Advisor Signature: _____

Date: _____