

BWCA

*The Black Women's
Coalition of Atlanta, Inc.*

P.O. Box 76348 Atlanta , GA 30358

Phone: 770-908-7445

Lita McClinton Book Scholarship Application

Applicant Demographic Information

First Name:	Last Name:	Middle Initial:
Street Address:	E-mail Address:	
Phone Number :	Cell Number :	
Parent/Guardian:		
Parent/Guardian Address and Contact Info:		

Academic Information

Name of current high school or educational institution:	Current GPA :	
Name of school applicant will be attending in the () fall or () spring:		
Check and note score for all applicable: <input type="checkbox"/> SAT Math : <input type="checkbox"/> SAT Verbal: <input type="checkbox"/> ACT Composite: <input type="checkbox"/> LSAT: <input type="checkbox"/> MSAT: <input type="checkbox"/> GRE:	High School Applicant Career Interest: _____ Graduation Date : _____	College Applicant Major Field of Study: _____ Type of Degree: _____

Household Income and Size:

REQUIREMENTS FOR RECIPIENTS OF THE LITA MCCLINTON BOOK SCHOLARSHIP AWARD

To be eligible, the applicant must:

- * Be a resident of Atlanta, AND
- * Demonstrate financial need , AND
- * Complete application with supporting documentation.

Once awarded, the recipient must:

- *Maintain a minimum 3.0 GPA (no exceptions), AND
- * Report GPA (official transcript) within 30 days after the end of each qualifying semester.

Please provide an individual statement in 500 words or less describing your career goals, special projects, leadership roles, work and/or volunteer experience, and community involvement (Please type):

Describe 3 extracurricular activities you have participated in that best reflect your ambitions or passion (Please type):

Applicant Signature _____ **Date** _____

Please submit the application and supporting documentation to the BCWA Book Scholarship Committee to P.O. Box 76348 Atlanta, GA 30358 by **APRIL 12, 2013.**