

**THE MICHIGAN CITY COMMISSION  
ON THE SOCIAL STATUS  
OF AFRICAN AMERICAN MALES**

**The Reverend Bill J. Ashley Memorial Education Scholarship**

**APPLICATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Telephone \_\_\_\_\_

Current School \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Phone \_\_\_\_\_ Principal's Name \_\_\_\_\_

Graduation Date \_\_\_\_\_ Grade Point Average \_\_\_\_\_

List any achievements/honors/other scholarships received:

\_\_\_\_\_

\_\_\_\_\_

List any extracurricular activities:

\_\_\_\_\_

\_\_\_\_\_

Post-Secondary Institution You Plan to Attend \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

When do you plan to attend? \_\_\_\_\_

Do you have proof of admittance? \_\_\_\_\_ Y/N If **yes**, attach If **no**, explain below

\_\_\_\_\_

\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_