



# GHANAIAN WOMEN'S ASSOCIATION OF GEORGIA

2897 N Druid Hills Road, Suite 121, Atlanta, GA 30329

[www.ghanawomen.org](http://www.ghanawomen.org)

## INSTRUCTIONS

- Deadline for scholarship application: Saturday, November 30, 2019.
- Qualification is based on ethnicity (Ghanaian descent), gender (female), G.P.A., and Community Service
- Attach a current copy of your high school and/or college transcripts.
- Two signed letters of recommendations (from non-relatives) must be attached to this application.
- Send completed application and essay with supporting documents to [secretary@ghanawomen.org](mailto:secretary@ghanawomen.org)

## PERSONAL INFORMATION

First Name: \_\_\_\_\_ MI \_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

## FAMILY INFORMATION

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

## ACADEMIC

School Name: \_\_\_\_\_ High School/College [circle one]

Street \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_ Zip \_\_\_\_\_

Current Grade: \_\_\_\_\_ [Junior/Senior, etc.] G.P.A. \_\_\_\_\_

Academic - \*Please include a copy of your academic transcripts with this application from high school or college as appropriate. By this application, you authorize the Scholarship Committee to verify your G.P.A. credits and class load.

**SCHOOL ACTIVITIES/LEADERSHIP**

List group or individual school activities in which you're an active member and identify any leadership role or responsibilities you may have.

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**COMMUNITY ACTIVITIES** List all community activities in which you're involved in and any leadership role or responsibilities you may have.

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**REFERENCES/LETTER OF RECOMMENDATION**

Please give the name, address and phone number of two (2) references who can attest to your character, and educational goals and community involvement These must be from a teacher/counselor. No family members.

Reference 1 - Education

Full Name: \_\_\_\_\_

School Name: \_\_\_\_\_ Position: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Reference 2 – Community Involvement

Full Name: \_\_\_\_\_

School Name: \_\_\_\_\_ Position: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Signature and Date

Signed: \_\_\_\_\_ Date \_\_\_\_\_