

GHANAIAN WOMEN'S ASSOCIATION OF GEORGIA

2897 N Druid Hills Road, Suite 121, Atlanta, GA 30329 www.ghanawomen.org

INSTRUCTIONS

- Deadline for scholarship application: Sunday, July 31, 2023.
- Qualification is based on ethnicity (Ghanaian descent), 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 info@ghanawomen.org

PERSONAL INFORM	IATION				
First Name:	N	II Last Name:			
Street Address:			Apt#		
City:		State:			
Zip:	Email:		Cell:		
FAMILY INFORMA	ΓΙΟΝ				
Mother's Name:		Father's Name: _			
Country of Birth:		Country of Birth:			
Cell:		Cell:			
Email:		Email:			
ACADEMIC					
School Name:			High Schoo	l/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. COMMUNITY ACTIVITIES List all community activities in which you're involved in and any leadership role or responsibilities you may have. 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: _____ _____ Email: ____ Cell: _____ Reference 2 – Community Involvement Full Name: _____ School Name: ______ Position: _____ Cell: Email: Applicant's Signature and Date

Signed: ______ Date _____