

SDARJ African American/Black Paraprofessional Development Scholarship Application for 2021

Name: _____

Date of Application: ___/___/_____

Check One: Single, parent ____; Single ____ 2 Parent household ____

Home Address _____

Home Phone _____ Cell Phone _____

Current Employment & Telephone Number _____ Supervisor _____ District _____

Email Address _____

College(s) or University(ies) applied to/under consideration:

College/University(ies) currently enrolled:

If different, what college or university will the scholarship be applied?

Affirmation: I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I understand that if chosen as a scholarship recipient, according to the SDARJ Scholarship policy, I must provide evidence of enrollment/registration at an accredited, not-for-profit postsecondary institution before my scholarship funds can be awarded. In addition, I give my permission to use my picture and an accompanying comment as a scholarship recipient for use in SDARJ promotional materials.

Signature of Applicant: _____ Date: _____

Application Materials:

Please attach the following, along with the Application Form:

1. Transcript of Courses Completed;
2. Statement of Financial Need including intention to finish teacher certification within 5 years;
3. Two letters of recommendations: one by a teacher or an administrator where employed and an unrelated adult; and
4. Resume, including list of extracurricular activities supporting SDARJ mission statement.

Completed Application Form, along with items 1-4 must be received by/postmarked by June 3, 2021 at:

African American Paraprofessional Development Scholarship Program,
Southern Delaware Alliance for Racial Justice,
PO Box 306,
Lewes, DE 19958