

**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** _____