

Alabama Louis Stokes Alliance for Minority Participation (Alabama LSAMP)

2020-2021 ALABAMA LSAMP SCHOLARSHIP APPLICATION

Type or Print

LSAMP Institution _____ Site Coordinator _____

Personal and Contact Information

1. Full Name _____
Last First Middle Suffix

2. Date of Birth ____/____/____ 3. Gender Male Female 4. U.S. Citizen Yes No
If no, are you a permanent resident? Yes No

5. Race (Choose one):
 American Indian Alaska Native Asian
 Black or African American Hispanic or Latino White
 Native Hawaiian or Other Pacific Islander Other _____

6. Permanent Address
Address _____ City _____
State _____ Zip _____ Phone (____) _____

7. Current Address (if different from above)
Address _____ City _____
State _____ Zip _____ Phone (____) _____

8. E-mail Address _____ 9. Cell Phone (____) _____

10. Please indicate which LSAMP experience you have completed, or intend to complete:
 Summer Bridge Program
 Summer Research Experience for High School Students
 Community College Bridge to 4-Year Institution

11. Graduating High School _____ Location _____
Home schooled? Yes No Did you earn a GED? Yes No

12. GPA _____ (Must be on a 4.0 scale)

13. Highest ACT Score: Composite _____ English _____ Math _____ Social Sciences _____ Natural Science _____
(From one test date only)

14. Highest SAT composite score (From one test date only) _____ Verbal _____ Math _____

15. Declared Major _____

16. List all funding you are receiving for the 2020-2021 Academic Year. _____

17. List math and science classes taken including grades. _____

18. List any academic achievements/honors received. _____

19. List any summer programs in which you were a participant. _____

20. List any elected or appointed leadership positions. _____

21. List volunteer activities at the school, community, state level. _____

22. List any work experiences. Indicate full-time, part-time, or summer only. _____

Additional Section for Community College Transfer Students:

Community College(s) Attended _____ Location _____ Earned Credits _____

Dates Attended _____ Major _____ Cumulative GPA _____

Degree Earned _____ Classification _____ Degree Sought _____

Advisor _____ Position _____ Email: _____

To Be Completed By All Alabama LSAMP Students:

Certification:

I have completed all sections of this application and certify that all information given in this application is complete and accurate. I understand that withholding information requested or giving false information may make me ineligible for scholarships. I authorize the release of all requested information to any agency or organization from which I may receive a scholarship or for publicity purposes.

Applicant's signature (full legal name) _____ Date _____