



"Breaking the Cycle ...Reaching out ...Reaching Back"

Application for the College Tuition Assistance Scholarship Program -Renewal

1. Name _____
Last First Middle Prefer to be called
2. Street Address _____
3. City _____ State _____ Zip _____ Phone (____) _____
4. Cell Phone () _____ Email Address: _____
5. Date of Birth _____ Place of Birth _____ Age _____
Social Security No. _____
5. Highest Year of College Completed _____ Last School Attended _____
Cumulative GPA (on 4.0 Scale) _____ (Attach current Grade Report or Transcript)
6. I live with (check one) ___ Parents ___ Guardians ___ Other (specify) _____
7. If living with persons other than parents, please provide name(s) _____
8. Father's Name _____ Occupation _____
9. Father's address (unless same as above) _____
10. Mother's Name _____ Occupation _____
11. Mother's Address (unless same as above.) _____
12. Name of school currently enrolled in _____.

I agree to provide grades each grading period within 2 weeks after receipt to the Scholarship Committee Chairman. If I am unable to provide the grade within the above specified time period, I will notify Scholarship Committee Chair

100 Black Men of Bradley County, Inc.

P.O. Box 5677
Cleveland, TN 37320-5677

13. I agree that upon acceptance into this program, to perform a minimum of twenty-five (25) hours of community service work in an approved project for a non-profit organization. I am not authorized to receive payment for community service work. All community service hours for the current academic year must be completed by the end of June 1 at the start of the new academic year.
14. If I violate this agreement at anytime, I may automatically forfeit the privilege of participating in this program.
15. I understand that my participation in this program is strictly voluntary.
16. I certify that the information on this application is accurate to the best of my knowledge and I give this organization my permission to verify grades and personal behavior with officials of my school and to interview persons making recommendations on my behalf.

(Student - Print Name)

(Parent/Guardian - Print Name)

(Student - Signature)

(Parent/Guardian - Signature)

Date of Application

Please contact: Scholarship Committee Chair
100 Black Men of Bradley County, Inc.
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