The National Douglass Alumni Corporation AWARDS APPLICATION

Check the appropriate box below.

☐ First Time Award ☐ Book Allowance (three allo	wances per applicant) Circle	e one: 1 st 2 nd	3 rd
	PERSONAL INFORMAT		
(Please print clearly using blue	or black ink. Incomplete applic	cations will not be acc	epted).
Name	Gender (M/F)		
Last	First	MI	
Home address	City	State	Zip
Telephone: ()	Cell	l: ()	
Date of birth	Email		
	EDUCATION		
High School	Address	Gradua	tion Date
	City	State	Year
(Intended) School of Higher Lea	rning		
Address	Date of acceptance		
Intended College Major	Care	er Objective	
Applicant's Signature	Date		
P	ARENT / GUARDIAN INFOR	RMATION	
Name	Relationship		
Address	City	State	Zip
Telephone ()	Email		
SPONSO	R INFORMATION (Non-DHS	S Students Only)	
Name	Chapter Affiliation		
Address	City	State	Zip
Phone ()			
Sponsor Signature		Date	