National Hairston Clan, Inc.

2024 JOHN W. HAIRSTON JR., MEMORIAL SCHOLARSHIP PROGRAM

Application Instructions & Procedures

DEADLINE DATE: ***AUGUST 23, 2024*** *DATE:* ***MAY 7, 2024,***

You MUST READ and Follow Application Instructions & Procedures *(Please Print Legible or Type)*

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ELIGIBILITY

- *HIGH SCHOOL SENIORS, COLLEGE AND OTHER STUDENTS ATTENDING A* ***Two or Four-Year College****, DURING THE* ***2024-25 ACADEMIC YEAR*** *(FALL 2024 – SPRING 2025).*
- COLLEGE GRADUATE (***Post Baccalaureate***) STUDENTS AND THOSE HAVING AN ***Initial Undergraduate Degree*** ARE ***NOT ELIGIBLE****.*
- ***MUST*** *BE ATTENDING* AN ELIGIBLE ***Two or Four-Year College*** **ON *FULL-TIME BASIS***, DURING THE ***2024-25 ACADEMIC YEAR*** *(Fall 2024 – Spring 2025).*
- ***MUST*** BE AN U.S. CITIZEN OR ELIGIBLE NON-CITIZEN.
- ***MUST*** *HAVE A* ***MINIMUM 'GPA' OF 2.6****.* ***("MERIT-BASED PROGRAM").*** **(1)**
- RECIPIENTS FROM ***PREVIOUS YEARS*** ARE ***NOT ELIGIBLE*** *(ONE-TIME ONLY AWARD)****.***
- SCHOLARSHIP AWARDS ARE ***NOT RENEWABLE***.
- IMMEDIATE FAMILY MEMBERS OF "***EXECUTIVE BOARD MEMBERS***" *ARE* ***NOT ELIGIBLE***

HOW TO APPLY

- Complete the "***2024 JOHN W. HAIRSTON, JR. MEMORIAL SCHOLARSHIP APPLICATION***" (***Page 2***), and submit to the Scholarship Committee*, with the following documents:*
- *Most recent* High School or College Grade Transcript (*GPA*): **MUST** be *OFFICIAL** Based on *4.0* **(1)** *Grading Scale /Unweighted*. ***(MUST BE PROPERLY SIGNED BY SCHOOL/COLLEGE, OR VALID SEAL AFFIXED)***.
- *2023 FEDERAL INCOME TAX RETURN; W-2 FORM,1099 FORM*; or other Official Income Verification. **(2)** (***Tax Return MUST be signed by the Filer, or I.D. of Tax Preparer****).*
- '*ESSAY*' stating "*WHY YOU ARE APPLYING FOR THE SCHOLARSHIP*", on separate sheet **(3)** **(MUST *BE 700 WORDS OR MORE: TYPED, AUTHENTIC & MUST BE SIGNED BY APPLICANT).**
- **Submit completed application and *all required documents***, on or before *AUGUST 23, 2024*

  (Postmark will establish Deadline compliance.)

Forward to: ***Lawrence Bethea*, Acting Chairperson** **(609) 755-5656**
115 Sassafras Dr
Lumberton, NJ 08048 ***info@nationalhairstonclan.org***

SELECTION & AWARDS

- ***MERIT BASED PROGRAM*** *- PRIMARY CRITERIA: (ACADEMIC ACHIEVEMENT,* ***NOT*** *AN ENTITLEMENT PROGRAM).*
- ***ALL APPLICATION DATA*** IS ***CLOSELY REVIEWED*** BY THE COMMITTEE TO SELECT AWARD RECIPIENTS.
- RECIPIENT SELECTIONS MADE BY THE SCHOLARSHIP COMMITTEE ***ARE FINAL*****.**
- SCHOLARSHIP AWARDS ARE RECOMMENDED TO THE EXECUTIVE BOARD FOR APPROVAL.
- *SELECTED RECIPIENTS* ARE NOTIFIED (*IN WRITING*) BY THE CHAIRPERSON, ON A TIMELY BASIS.
- RECIPIENTS' *COLLEGE ENROLLMENT* ***MUST BE CERTIFIED*** BY (***AUTHORIZED***) COLLEGE OFFICIAL TO DISTRIBUTE FUNDS.

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Any questions MUST be referred to the *Chairperson immediately, in accordance with program deadline,* ***August 23, 2024***
You *MUST* Complete & Sign Application etc., as Required. (Incomplete Applications WILL NOT Be Considered.)

LAWRENCE BETHEA, Acting Chairperson info@nationalhairstonclan.org (609) 755-5656

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National Hairston Clan, Inc.

2024 JOHN W. HAIRSTON JR., MEMORIAL SCHOLARSHIP PROGRAM

2024 APPLICATION

DATE: MAY 7, 2024 *DEADLINE DATE: AUGUST 23, 2024*

Follow Application Instructions & Procedures *(PLEASE PRINT LEGIBLE OR TYPE)*

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1. **Name:** *(Mr. /Ms. /Mrs.): (Last)* _____ *(First)* _____ *(M.I.)* ____
2. **Applicant's Social Security Number:** XXX -XX - ___ ___ ___ ___ **(*Last four only*)**
3. **Home Address:** _____ *City:* _____ *State:* _____ *Zip Code:* _____
4. **Telephone: (*Area Code*)** (_____) _____ - _____

   EMAIL ADDRESS: _____ (*print clearly*)
5. **Applicant's Birth Date:** ***Month***: _____ *Day:* _____ *Year:* _____ *Age:* ____
6. **Parent(s) [*Custodial Parent(s)*]:** _____

   _____
7. **How many *persons* are in your *Household* (*PARENTS & DEPENDENTS*)?** _____
8. **Are you a previous (*past*) year recipient of this scholarship?** Yes ( ) No ( )
   (Past Recipients are NOT ELIGIBLE; *See Program Instructions on Page 1).* ***#***
9. **Graduated High School (*Diploma or GED)* ?** Yes ( ) No ( )
10. **Are you *currently/(now)* attending college *(FALL 2024- SPR. 2025)* ? Yes ( ) No ( ); If Yes, Name & Address of College:**

    _____
11. **Will you be enrolled in college on a Full-Time basis, during the *2024-25 Academic Year*.**
    (Fall 2024 – Spring 2025)? **(YES ( ) NO ( )**

12.* **What is your *Grade Point Average (GPA)? Minimum 2.6* and *MUST* submit "*OFFICIAL GRADE TRANSCRIPT*".** *{1}*
    (Transcript *MUST* be a 4.*0 GRADING SCALE, UNWEIGHTED AND OFFICIALLY SIGNED BY SCHOOL OR 'SEAL' AFFIXED*): _____

13.* **What was your *2023 HOUSEHOLD INCOME* (*Student and Parent[s]*)? $_____.** *{2}*
    ***(Attach copy of* Parent[s] & Applicant's *2023 FEDERAL TAX RETURN*, or *other "Documentation Verifying Income"*.)**

14.* ***'ESSAY'*: "*WHY YOU ARE APPLYING TO THE 2024 SCHOLARSHIP PROGRAM*", *700 TYPED WORDS OR MORE.*** *{3}*
    (On a separate sheet, *MUST* be *AUTHENTIC /ORIGINAL*; and *'SIGNED' BY APPLICANT).*

15. **Who referred you to the *2024 Scholarship Program*?** *(If Applicable)* _____

16.* **I *have read and understand the Application Instructions & Procedures. (Must be Checked):*** _____
(Questions MUST be referred to the *Committee Chairperson* immediately,* in accordance with DEADLINE.) *AUGUST 23, 2024*

**** APPLICANT SIGNATURE:*** _____ ***Date*:** _____

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Application & All Required Documents Must be Received (or Postmarked) by the Committee, on/or before *AUGUST 23, 2024*

You *MUST* Complete & Sign Application etc., as Required. (Incomplete Applications WILL NOT BE Considered).

- ***Lawrence Bethea*, Acting Chairperson** ***info@nationalhairstonclan.org***
  115 Sassafras Dr
  Lumberton, NJ 08048 **(609) 755-5656**

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