

**BLACK TEEN GIRLS SCHOLARSHIP APPLICATION FORM**

## How did you hear about the Dreamer Girls Project Scholarship fund?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 1: BIOGRAPHIC INFORMATION**

Name (First and Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State and Zip code: Is the above address your mailing address? □ Yes □ No

If no, please provide your address in the “Additional Information” box below

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality: Place of Birth: \_

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Date of Birth: Gender:

□ Prefer not to answer

**SECTION 2: ACADEMIC INFORMATION**

Name of High School you currently attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (including City and NJ) High School is located: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated date of high school graduation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of guidance counselor (to confirm enrollment): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number of guidance counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe any honors, awards or recognition you have received: ***Use additional paper if necessary.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For purposes of this scholarship, please provide information about the college/university/trade school you have been accepted to and plan to attend:**

Name:

Address:

City, State and Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: Anticipated Graduation Date:

Major: Degree Expected: Upcoming Semester: □ Fall □ Spring □ Summer GPA:

**SECTION 3: ADDITIONAL INFORMATION**

Do you have a part-time job? □ Yes □ No

Have you been awarded any other scholarships? □ Yes □ No

If so, accurately list the total amount awarded for next school year. $

Provide any other information you would like us to consider: ***Use additional paper if necessary.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SECTION 4: APPLICANT’S CERTIFICATION**

The undersigned scholarship applicant, if awarded, hereby grants permission to use her name and to quote her essay (in whole or in part) or use her Application (in whole or in part), and picture including headshot in all promotional and other activities relating to The Dreamer Girls Project scholarship, including, but not limited to, publication in written materials, posting on websites and other social media, and use in radio and television broadcasts. In the event that a Scholarship applicant participates in any promotional or other activity relating to the Scholarship, the applicant authorizes The SASH Lab and Dr. Ijeoma Opara and Dreamer Girls Project Program Staff to use, re-use, publish, re-publish, and with or without use of the applicant's name. I hereby certify that the information I have provided on this Application Form and in any attached materials is true and complete.

Applicant’s Signature: Date:

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DID YOU INCLUDE THE FOLLOWING:**

* A completed Dreamer Girls Project Scholarship Application Form
* A 1 page answer to this statement: “Describe what you think would be the best way to prevent HIV, STIs, and drug use for Black girls in the United States.”
* Acceptance letter to a U.S. college/university for Fall 2022
* A Headshot

Send completed application in a PDF format to: [thesashlab@yale.edu](mailto:thesashlab@yale.edu) and all other required materials by the **May 1, 2022 with the subject line: BLACK TEEN GIRLS SCHOLARSHIP**