

The Dorothy I. Height Education Foundation Scholarship Application

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Age: _____ Last 4 digits Social Security #: _____

Address: _____

City/State/Zip: _____

Name of Parent(s)/Guardian(s): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Best Time to Call: _____

Name of High School/College: _____

Address: _____

Name of School Counselor/Advisor: _____

ELIGIBILITY REQUIREMENTS/CHECKLIST:

- ✓ Graduation Senior: ____ Yes ____ No Other: _____
- ✓ Grade Point Average (GPA) (Min. of 2.5 required high school) List: _____
- ✓ Renewal Request Only _ GPA (Min. of 2.25 required) List: _____
- ✓ Number of Community Service Hours completed: _____
- ✓ One reference letter from school counselor/advisor: ____ Yes ____ No
- ✓ One reference letter from community (non-family): ____ Yes ____ No
- ✓ Official high school transcript: ____ Yes ____ No
- ✓ Renewal Request Only – Official college/trade sch. transcript: ____ Yes ____ No

NOTE: GPA and community service must be verified on the school transcript or by letter from the school principal or counselor on school letterhead (Renewals from College advisors on school letterhead only).

Signature: _____ Date: _____

Submit to: The Dorothy I. Height Education Foundation
633 Pennsylvania Avenue, NW, 3rd Floor
Washington, DC 20004

Contact #: 202.833.8800