ANCD FOUNDATION, INC.

2023 Scholarship Application

The Association of Nigerians in the Capital District (ANCD) is accepting applications for the following scholarships from high school seniors with plans to attend college. Two of the scholarships honor the memories of Mrs. Okwesili and Dr. Clement, distinguished educators and members of ANCD. Scholarships available are:

- \$500 Gladys Okwesili Memorial Scholarship
- \$500 Dr. Tony Clement Memorial Scholarship
- \$500 Amazing Grace Transportation Scholarship

To be considered, complete this application in its entirety and submit the required documentation. Applications will be considered based on applicant's documented exceptional leadership skills, scholarship and a commitment to community service. Scholarship awardees may be featured on our website at www.ancd.org and will be invited to receive the award at ANCD's annual banquet held annually in the Fall.

Scholarship Eligibility Requirements:

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0 0 0	Hav Hav	a current candidate for graduation from an accredited public high school in the Capital District we a minimum GPA of 3.0 (or 83 average) we applied to and/or been accepted as a full time student into a degree program at an accredited or or four-year college or university
0	Sub	omit a completed application
		Application must be signed by both the student and the designated school official
		500-1000 word typed, single spaced essay – please follow the included essay guidelines
		Official school transcript in a sealed envelope
		Two (2) Letters of Recommendation
		Submit application either by email to info@ancd.org with the subject line: ANCD Scholarship
		Application or by post to ANCD Foundation, ATTN: ANCD Scholarship Application Committee, P.O.
		Box 66498. Albany, NY 12206 no later than September 25, 2023.

PART I: GENERAL INFORMATION

Name:				Birth Da	ate:	
City:	State:			Zip Code:		
Preferred Phone Number:		Email:				
Name of High School:		City:	City: Phone:			
Guidance Counselor's Name:		Guidance C	e Counselor's Telephone Number:			
		/ACT score (if icable):				
Planned Major (Optional):				Gra	duatic	on Date:
College/University of Interest to you		Applied? (Y/N)	Accepted? (Y/N/Unknown)		F	ull Time Enrollment? (Y/N)

Community Service/Honors/Work Experience Community Service

Community Service Description/Name of Organization	Year Participated	Estimated Hours per week	Role

Honors/	Awards
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Title and Description	Year Received

Work Experience

Employer	Position	Dates

Applicant's Signature:_ Date:

Principal/Guidance Counselor's Signature: Date:

