



**SCHOLARSHIP APPLICATION**

**NATIONAL ALUMNI ASSOCIATION OF SAINT AUGUSTINE'S COLLEGE, INC.  
POST OFFICE BOX 28122  
RALEIGH, NC 27611-8122**

**LLOYD QUARTERMAN, MASCOT OR GENERAL (CIRCLE ONE)**

**PLEASE TYPE OR NEATLY PRINT APPLICATION COMPLETELY.**

**NAME:** \_\_\_\_\_  
Last First Middle

**HOME ADDRESS:** \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

**TELEPHONE NUMBER (INCLUDING AREA CODE):** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**MAJOR:** \_\_\_\_\_

**GRADE POINT AVERAGE:** \_\_\_\_\_

**I. PLEASE LIST THE FOLLOWING:**

**A. High School Honors:**

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**B. Academic Honors, Scholarships and Prizes Received in College:**

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**C. Extracurricular Activities In College (list office held):**

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**D. Alumni Related Activities (pre-alumni):**

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**II. PREPARE A BRIEF STATEMENT INDICATING WHY YOU NEED THIS AWARD (PLEASE TYPE OR WRITE ON A SEPARATE SHEET).**

**III. COMPLETE ATTACHED RECOMMENDATION SHEETS.**

**PLEASE REQUEST A RECOMMENDATION FROM THREE (3) PERSONS, ONE OF WHICH SHOULD BE FROM YOUR HIGH SCHOOL/COMMUNITY. KINDLY PROVIDE EACH PERSON WITH A RECOMMENDATION FORM AND SELF-ADDRESSED ENVELOPE.**

**I CERTIFY THAT ALL THE INFORMATION GIVEN ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.**

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**APPLICANT'S SIGNATURE**

**DATE**