

**African-American/Caribbean Education Association Inc  
(AACEAINC)**

**ANNOUNCEMENT / ELIGIBILITY;  
COMMUNITY SERVICE SCHOLARSHIP 2019**

The AACEAINC Community Service Scholarship has been designated for a graduating high school senior of New York State who has performed a minimum of 300 service hours and is of African-American or Caribbean heritage. **This award is \$500**, any changes in award amount will be dependent upon applicant's documentation, interview, and verification of service hours form (s) that also provides quality of service, and "final" decision made by the AACEAINC Board. Applicant must be accepted to attend a four-year college or university in the Fall 2019.

**Eligibility**

High School Applicant Criteria:

- Resident and High School Student of New York State
- Performed a minimum of 300 community service hours during the course of high school tenure
- High school grade point average of 80 or higher
- Show proof of having taken the SAT or ACT
- Copy of Acceptance Letter to Four Year College or University for Fall 2019
- Submission of 250 Word Essay Entitled:  
"Community Service Helps the Community to Succeed, Builds Character, and Commands Leadership"  
**The following criteria is to be clearly stated in essay:**
  - 1) What compelled you to give service?
  - 2) What was a high point? Share an example or anecdote
  - 3) How has the experience made a difference for you and/or someone you helped?
- **Must graduate high school**
- **If selected for Interview, bring to Interview the following necessary documents:**
  1. **Copy of Social Security Card**
  2. **Copy of Birth Certificate**
  3. **Photo of self**
  4. **Statement of why the scholarship is important to you**
- **Give signed permission to post your photo, scholarship statement and/or essay at the AACEAINC website to share with scholarship benefactors that make our scholarships possible.**
- **Must attend presentation of Scholarship Awardees at the Oratory and Debate Competition Part I August 2, 2019**

**How to Apply:**

Obtain an application by doing any one of the following:

1. Downloading application from website
2. E-mailing us for an application

Applicants will then follow the directions provided.

**APPLICATION DEADLINE:** Received on or before **Wednesday, May 1, 2019.**

We do not accept Postmarked, Emailed or Faxed Applications—Mailed Hard Copy Only.

**Contact Information:**

Website: [www.aaceainc.com](http://www.aaceainc.com)

E-Mail: [aaceainc@yahoo.com](mailto:aaceainc@yahoo.com)

Office Telephone: 718-949-6733 (Listed in Queens Directory of NYC)

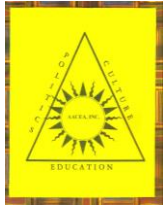
Mailing Address:

AACEAINC

Attn: Community Service Scholarship

P. O. Box 1224

Valley Stream, NY 11582-1224



**African-American/Caribbean Education Association Inc  
(AACEA INC)  
SCHOLARSHIP PROGRAM  
COMMUNITY SERVICE SCHOLARSHIP  
APPLICATION 2019**

**African-American/Caribbean Education Association, Inc (AACEA INC) Scholarship Program 2019**  
**Note.** This application is to be used to apply for the Community Service scholarship.

***Type or Legibly Write Information***

Applicant's Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security #: Last 4 digits only: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Current High School: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

How do you identify yourself? Check one: I am African-American \_\_\_\_\_ I am Caribbean \_\_\_\_\_

Will you be a full-time student in the Fall Term of **2019**? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Four Year College or University to attend Fall 2010 \_\_\_\_\_

How are you planning to use your scholarship? Explain: \_\_\_\_\_

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

Full Name of Parent (s) and Address (es) or Legal Guardian

Father: \_\_\_\_\_

\_\_\_\_\_

Mother: \_\_\_\_\_

\_\_\_\_\_

**The following preliminary documents are to be received on or before Wednesday, May 1, 2019:**

1. 250 Word Essay  
Submission of 250 Word Essay Entitled:  
“Community Service Helps the Community to Succeed, Builds Character, and Commands Leadership”  
**In your essay explain:**
  - What compelled you to give service?
  - What was a high point? Share an example or anecdote
  - How has the experience made a difference for you and/or someone you helped?
2. Copy of Acceptance Letter to College or University that you plan to attend in Fall 2019
3. Copy of SAT or ACT Score Report
4. Copy of Verification Service Hours Form, page 5, with validation of the minimum 300 community service hours. This is the only form that may be submitted to validate community service hours. (See P.5 that appears after Check-list page)
5. Copy of official transcript in sealed envelope or have college counselor mail official transcript to our mailing address, which must be received on or before May 1, 2019. We will only accept an official transcript, that is, transcript signed by counselor, advisor, principal or authorized party, dated, and containing the school seal. Anything other, will not be accepted.
6. The CERTIFICATION of Community Service Scholarship Application 2019, signed and dated by applicant.

**Please Note:** The following are to be submitted at time of Interview and “only” if selected for Interview:

5. **Copy of Social Security Card**
6. **Copy of Birth Certificate**
7. **Photo of self**
8. **Statement of why the scholarship is important to you**
9. **We request signed permission to post your photo, scholarship statement and/or essay at the AACEAINC website. This information is shared with scholarship benefactors that make our scholarships possible. (This information will be utilized for that purpose only)**

**Mail Application to:**

AACEAINC, Attn: Community Service Scholarship, P. O. Box 1224, Valley Stream, NY 11582-1224

**Deadline: Wednesday, May 1, 2019**

Received on or before May 1<sup>st</sup>, hard copy only. Postmarked, Emailed, or Faxed copies are not acceptable.

**Procedure:**

Upon receipt of preliminary documents, the application will be assessed by the Scholarship Committee and a decision will be made to grant an Interview that will be provided in Rosedale-Queens, New York

Please note, should you be selected for an Interview, only then, will a copy of the **Please Note** items be required.

*\*Questions concerning this application may be directed to the following:*

*E-mail: aaceainc@yahoo.com*

*Office Telephone: 718-949-6733 (Listed in Queens Directory of NYC)*

**CERTIFICATION**

I hereby affirm that the information provided in this scholarship application is accurate in all respects. I understand that the following criteria is contingent upon receiving award; that I am a resident of New York State; that I have performed a minimum of 300 community service hours; that I shall be enrolled in the accredited institution listed in this application; that the following documents will be required as proof of enrollment at my designated school: 1) Copy of official bursar's receipt or enrollment certification and 2) Copy of Registration of Courses; that funds will be used toward the cost of my education; that my presence is required at AACEAINC's Oratory and Debate Competition Part I on Saturday, August 2, 2019, where I will receive Award and be officially presented to the public and further understand that this is a non-negotiable requirement; and conclusively, I understand that if I fail to continue to meet the award criteria, relevant to eligibility requirements, I will forfeit scholarship and/or be required to repay Award.

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Print Name

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Signature

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Date

**African-American/Caribbean Education Association Inc  
(AAACEA INC)**

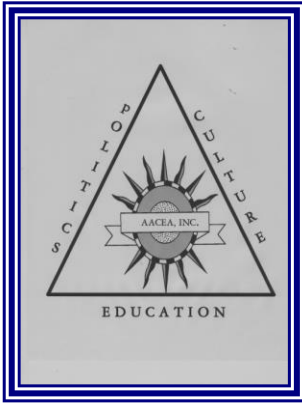
**COMMUNITY SERVICE SCHOLARSHIP 2019**

**Check List**

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1. Essay: "Community Service Helps the Community to Succeed, Builds Character, and Commands Leadership" \_\_\_\_\_
2. Copy of Acceptance Letter to 4 Year College or University that you plan to be attend in Fall 2019 \_\_\_\_\_
- 3, Copy of SAT or ACT Score Report \_\_\_\_\_
4. Verification of Service Hours Form validating minimum of 300 service hours with assessment on back of form. This is the only form that will be accepted. \_\_\_\_\_
5. Copy of official transcript in sealed envelope or mailed by counselor to arrive on or before Wednesday, May 1, 2019, the application due date. \_\_\_\_\_
6. The CERTIFICATION, Signed and Dated of this Community Service Scholarship Application 2019 \_\_\_\_\_

**The REQUIRED Verification of Service Hours Form Follows this Page  
(to be completed by organization (s) validating service hours)**



*African-American/Caribbean Education Association, Inc.*  
**(AACEA, INC.)**

*"Working to better the education of our children"*

*Rosalind O'Neal, M.A., M.B.A.*  
*Founder and CEO*

*Board of Directors*  
*Shawneequa L. Callier, Shirley Phipps,*  
*Hon. Ernestine Washington*  
*Director Emeritus, Joyce Samber*  
*Education Advisor, Dr. Eartha Kackett*

P.O. Box 1224, Valley Stream, NY 11582-1224 - E-mail: aaceainc@yahoo.com  
Telephone and Fax Number: 718/949-6733 - 501 (C) 3 Non-Profit - Website: www.aaceainc.com  
Office Hours by Appointment Monday-Friday

**MEMBER:** Nonprofit Coordinating Committee of New York and Alliance of Nonprofits  
*Chartered by the New York State Education Department*

**For: May 1, 2019 Deadline**  
**Scholarship Applicant**

**VERIFICATION OF SERVICE HOURS FORM**

APPLICANT: \_\_\_\_\_

**Attention Organization:** This form is needed to satisfy the number of service hours this applicant indicates he/she has provided to your organization. This is the required form applicant must submit to apply for this scholarship. Please read carefully-if this form is not submitted appropriately as requested on FRONT and BACK, application will be denied. Therefore, pursuant to allowing this applicant the opportunity to advance in the selection process, the Scholarship Committee requests your immediate intervention by completing the needed information on the front of form, and providing on the back, a signed statement that details the applicant's quality of service. Your organization's seal or stamp should appear with signature. We will not accept any other form to verify service hours.

**SCHOLARSHIP COMMITTEE 2019**

Name of Organization \_\_\_\_\_

Title and Name of Supervisor : \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

TOTAL HOURS SERVED \_\_\_\_\_

DATES OF SERVICE:

Start Date: \_\_\_\_\_ to

End Date: \_\_\_\_\_

**Comments:** Your statement is to be written on back of this form affixing organization stamp or seal, as requested.

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Assessment of applicant must be written on back of this form, NO OTHER.**

