

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

**Announcement/ Eligibility:
Community Service Award – Revised (during Covid-19)
Year 2022**

The AACEAINC Community Service Award has been revised to applaud and award graduating high school seniors of New York State that have performed a minimum of 200 service hours. This Award is open to students that have VOLUNTEERED their time to make a difference. Students of African-American and/or Caribbean heritage may apply. **This award shall range from \$150 to \$500. The amount of Award is dependent upon documentation and quality of Essay. Requirements to apply are:**

Eligibility

Graduating High School Senior Criteria:

- Complete Application with Certification
- Resident and High School Student of New York State
- Performed a minimum of 200 service hours during the course of high school tenure
- Attending a four-year college or university in the Fall 2022
- Copy of Acceptance Letter to the four-year college or university to attend in Fall 2022
- Copy of School receipt initially paid to reserve seat
- Submission of the following 500 Word Essay, Entitled:
“Community Service Helps the Community to Succeed, Builds Character, and Commands Leadership”
The format of essay:
 - 1) Must use the assigned essay
 - 2) Times New Roman 12-point font
 - 3) Double-spaced
 - 4) One-inch margins, top and bottom, and left and right of page
 - 5) 500-word essay, approximately two pages
- Convert all documentation to pdf. Adobe has a website to convert files for free. Except for photos, other formats are not acceptable for review and will not be considered.
- Must graduate high school
- Photo of yourself
- Letters of Verification, with school seal from:
 - 1) College/Guidance Counselor (See form enclosed)
 - 2) English Teacher (See form enclosed)
 - 3) Service verification letter (s) from facility or facilities where service was performed. (See form enclosed)
To be considered, in lieu of school seal, the letter must be written on facility letterhead. The letter should attest to your service (its qualities) and specify the dates and number of hours VOLUNTEERED.
- E-mail all documentation in pdf, other formats unacceptable with the exception of photograph

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
3. Call us to e-mail an application

Applicants will then follow the directions provided.

APPLICATION DEADLINE:

Received on or before **Wednesday, May 18, 2022, 11:59 PM EDT**

- **Announcement of Award: Tuesday, May 31, 2022**

Email all documentation to aaceainc@yahoo.com

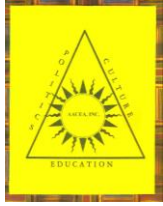
Contact Information:

Website: www.aaceainc.com

E-Mail: aaceainc@yahoo.com

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

**Applications are not to be mailed via USPS.



**African-American/Caribbean Education Association Inc
(AACEAINC)
SCHOLARSHIP PROGRAM
COMMUNITY SERVICE AWARD
APPLICATION 2022**

Type or Legibly Write Information

Applicant's Name: _____

Street Address: _____

City _____ State _____ Zip Code _____ E-mail _____

Home Phone: _____ Cell Phone _____ Parent # _____

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 ___ I am Both ___

Will you be a full-time student in the Fall Term of **2022**? Yes ___ No ___

Name of Four-Year College or University to attend Fall 2022 _____

Do you have an intended major in college? Yes ___ No ___ If yes, briefly answer the following.

Any reason why you plan to major in the above? _____

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

Father: _____

Mother: _____

CERTIFICATION

I hereby affirm that the information provided in this AACEAINC 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 200 community service hours; that I shall be enrolled at the institution listed this Fall 2022; that all verification forms, letters, original essay, school documents, photograph and initial school receipt are truthful; and further understand that if I fail to continue to meet the award criteria, relevant to eligibility requirements, I will forfeit Award and/or be required to repay Award.

Print Name: _____

Signature

Date

Required Documents and Format of Essay

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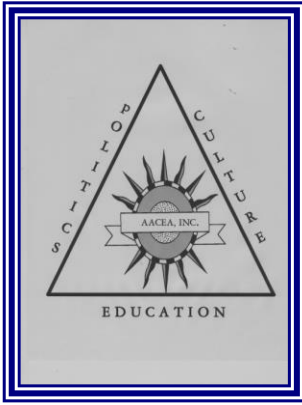
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(AACEA INC)

"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,
Judith Tyler, 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

High School Verification Form I: English Language Arts Teacher

APPLICANT: _____

Attention: This form is needed to verify information provided by the above applicant. Two High School Verification Forms are needed, the applicant's English Teacher and College/Guidance Counselor. To have a better understanding of this process, please see the Announcement and Eligibility page enclosed in this Application. We appreciate your valued input in allowing our Evaluators to assess this applicant and thank you for your time and careful attention. This is the required form to be used, substitutions will not be accepted.

***Please be advised that the School Seal must be affixed to this form.**

Community Service Award 2022

Name of High School: _____

Sponsor I: English Language Arts Teacher

Name: _____

School Telephone # and Ext: _____

School E-mail: _____

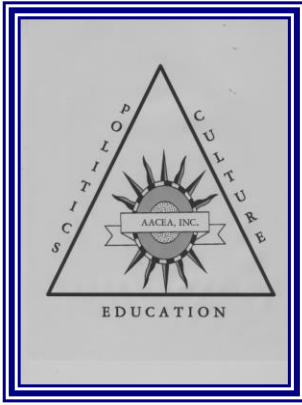
This is to verify that (the above Applicant) _____
has prepared and written the original Essay submitted in this Application. For questions, please
contact us at the above.

Signature: _____

Date: _____

School Seal:





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High School Verification Form II: College/Guidance Counselor

APPLICANT: _____

Attention: This form is needed to verify information provided by the above applicant. Two High School Verification Forms are needed, the applicant's English Teacher and College/Guidance Counselor. To have a better understanding of this process, please see the Announcement and Eligibility page enclosed in this Application. We appreciate your valued input in allowing our Evaluators to assess this applicant and thank you for your time and careful attention. This is the required form to be used, substitutions will not be accepted.

*Please be advised that the School Seal must be affixed to this form.

Community Service Award 2022

Name of High School: _____

Sponsor II: College/Guidance Counselor:

Name: _____

School Telephone # and Ext: _____

School E-mail: _____

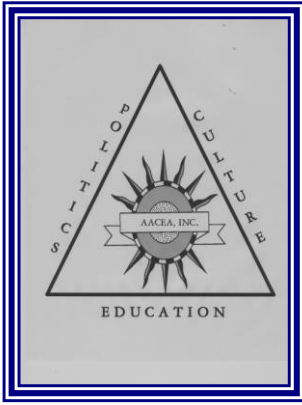
This is to verify that (the above Applicant) _____
is a high school senior graduating this year, planning to attend the four-year college appearing in
this Application. For questions, please contact us at the above.

Signature: _____

Date: _____

School Seal:





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High School Verification Form and Letter to Validate Service (to attach)

APPLICANT: _____

Attention: This form is needed to verify information provided by the above applicant. This is the High School Verification Form that is to be accompanied by letter to validate service. To have a better understanding of this process, please see the Announcement and Eligibility page enclosed in this Application. We appreciate your valued input in allowing our Evaluators to assess this applicant and thank you for your time and careful attention. This is the required form to be used, with letter of validation on your facility letterhead.

COMMUNITY SERVICE AWARD 2022

Name of Organization/Church: _____

Title and Name of Supervisor : _____

E-mail address of supervisor: _____

Contact Telephone Number: _____ Cell: _____

TOTAL HOURS SERVED _____

DATES OF SERVICE:

Start Date: _____ to

End Date: _____

Attach Letter to Validate Service _____ # of pages

Signed Name: _____ Date _____

