

**African-American/Caribbean Education Association Inc.  
(AACEAINC)  
Elizabeth Hubbard Community Service Scholarship 2024**

**FULL APPLICATION:  
Announcement/ Eligibility/ Format of Essay, Application with Certification,  
Verification Forms, and Photograph Permission**

**Announcement:** The Elizabeth Hubbard Community Service Scholarship shall award graduating high school seniors of New York State that have performed a **minimum of 200 unpaid community 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. **The award ranges from \$300 to \$700**. The amount of Award is dependent upon documentation, quality of service, and essay.

Requirements to apply:

**Eligibility**

Graduating High School Senior Criteria:

- Complete Application with Certification
  - Resident and High School Student of New York State
  - Performed a **minimum of 200 unpaid service hours** during high school tenure.
  - Attending a four-year college or university in the Fall 2024
  - Copy of Acceptance Letter to the four-year college or university to attend in Fall 2024
  - Copy of School receipt initially paid to reserve seat.
  - Submission of the following 500 Word Essay, Entitled:  
“Community Service Helps Community to Succeed, Builds Character, and Commands Leadership”
- 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 file for free. Except for photo, other formats are not acceptable for review and essay will not be considered.
  - Must graduate high school.
  - Voluntary photo of yourself, which is not an Eligibility requirement to be awarded. (See permission form)
  - Application and Verification of Service Documentation

**Documentation**

Letters of Verification are required from College Counselor, English Teacher, and the Community Based Organizations/Churches where service was volunteered. The school seal and/or corporate seal is to be “clearly” affixed to document.

- 1) The following are to be mailed to AACEAINC at the PO Box mailing address provided.
  - College Counselor Verification Form (See form enclosed)
  - English Teacher Verification Form (See form enclosed)
  - Service verification letter (s) written on facility letterhead and affixed with corporate seal. Letters must attest to the quality of service, specify the dates of service, and the number of hours VOLUNTEERED.
- 2) The application, college acceptance letter, school receipt, and essay, are to be converted to pdf format and emailed to the provided email address at aaceainc@yahoo.com.

**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, or 3) Call us to e-mail an application.

**DEADLINE:**

- Friday, May 31, 2024, by 11:59 PM DST
- Announcement of Award: June 12, 2024
- Arrangements will be made for Award to be hand delivered.

**For More Information:**

Call us at 718/ 949-6733

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

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

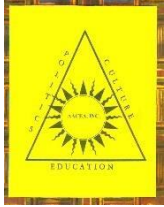
Mailing Address:

ACEAINC

P.O. Box 1224

Valley Stream, NY 11582-1224

**\*Confirmation of received documents will be emailed to the address given in application**



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

**SCHOLARSHIP PROGRAM  
-THE ELIZABETH HUBBARD-  
Community Service Scholarship  
APPLICATION 2024**

***Type or Legibly Write Information***

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Parent # \_\_\_\_\_

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

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 2024? Check one: Yes \_\_\_ No \_\_\_

Name of Four-Year College or University to attend Fall 2024 \_\_\_\_\_

Do you have an intended major? Check one: Yes \_\_\_ No \_\_\_ If yes, briefly answer the following:

What is the major? \_\_\_\_\_ Reason for this major: \_\_\_\_\_

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

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

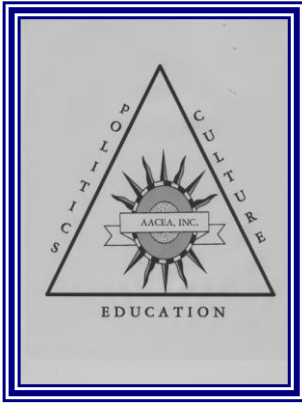
Mother: \_\_\_\_\_

**CERTIFICATION**

I hereby affirm that the information provided in this AACEA INC 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 unpaid community service hours; that I shall be enrolled at the institution listed for this Fall 2024; that all verification forms, letters; original essay, photograph that is optional 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: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



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

*“Working to better the education of our children”*

*Rosalind O’Neal, MA, MBA*  
*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. 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.

**The Elizabeth Hubbard Community Service Scholarship 2024**

Name of High School: \_\_\_\_\_

**Sponsor I: English Language Arts Teacher**

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

School Telephone # and Ext: \_\_\_\_\_

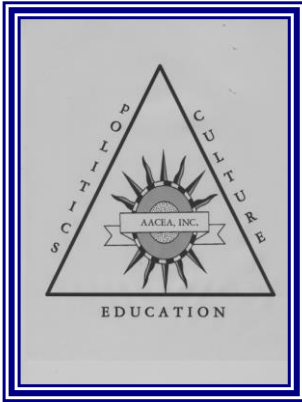
School E-mail: \_\_\_\_\_

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:



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

*“Working to better the education of our children”*

*Rosalind O’Neal, MA, MBA*  
*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](mailto:aaceainc@yahoo.com)  
Telephone and Fax Number: 718/949-6733 - 501 (C) 3 Non-Profit - Website: [www.aaceainc.com](http://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 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. 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.**

**The Elizabeth Hubbard Community Service Scholarship 2024**

Name of High School: \_\_\_\_\_

**Sponsor II: College/Guidance Counselor:**

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

School Telephone # and Ext: \_\_\_\_\_

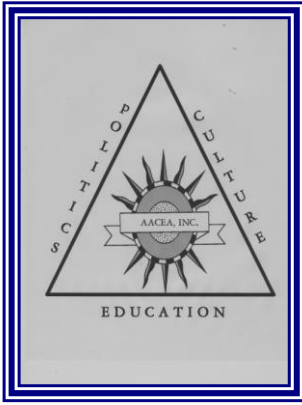
School E-mail: \_\_\_\_\_

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



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

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

*Rosalind O'Neal, MA, MBA*  
*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](mailto:aaceainc@yahoo.com)  
Telephone and Fax Number: 718/949-6733 - 501 (C) 3 Non-Profit - Website: [www.aaceainc.com](http://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*

**VERIFICATION OF SERVICE HOURS FORM 2024**

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

**Attention Organization:** The following applicant is applying for the Elizabeth Hubbard Community Service Scholarship 2024. This form is needed to verify: 1) The number of, unpaid, service hours given to your organization by this applicant, 2) A detailed reference letter, on organization letterhead, that attests to a descriptive detail of the quality of service provided, and 3) Please specify the type of service rendered within your program.

**\*Your organization's seal must appear with your signature.**

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

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

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

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

DATES OF SERVICE:

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

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

**\*If applicant volunteered on intermittent dates, please make copies of this form, complete, and submit separately. Please indicate number of form pages submitted to enables us to better assess and keep track of each applicant.**

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

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

**Permission to Post Photograph at the AACEAINC Website**

Attention Applicant:

Please be advised that submitting a photograph of yourself, with this application, is optional. Should you submit a photo of yourself and become a recipient of award, your photograph shall be posted at the AACEAINC website with your permission. Posting your photograph will celebrate you as an awardee of this scholarship. Astonishingly, and impressively, your photo will also serve as a motivator to encourage middle and high school students to perform service in their communities. This organization applauds young people rolling up their sleeves to make a difference in the lives of someone else. Again, and to be clear, the award is not contingent upon submitting a photograph. You may absolutely decline. Your assessment is based on meeting the minimum number of service hours, the supporting documentation that is to accompany this application, and the quality of your essay.

Should you wish to submit and give permission to post photograph at website, the parent or legal guardian listed in application is the person of record to sign permission. If you are 18 years of age, the same applies to you. The parent or legal guardian listed in application is the person of record to sign. (The legal age of majority in New York State is 21 for signing contracts).

If you wish to decline, fill in your name and check the No line. (This form is required and to be submitted with all documentation).

- All applicants are to submit this form with application, whether permission is given or declined.

-----Please complete either one of the following and submit with all documentation-----

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

\_\_\_\_\_ Yes, I give permission for my son/daughter, the listed applicant, to post photograph at AACEAINC website.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian (circle one)

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

For Applicant Declining:

\_\_\_\_\_ No, I do not give permission to post photograph at AACEAINC website.