



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

Elizabeth Hubbard Community Service Scholarship 2025

FULL APPLICATION:

**Requirements/ Eligibility/ Documents, Format of Essay,
Application with Certification, Verification Forms, and
Photograph Permission**

Requirements to apply:

The Elizabeth Hubbard Community Service Scholarship shall award graduating high school seniors that reside and have given service in New York State. To be eligible, applicant must validate performing a minimum of 200 unpaid community service hours and have volunteered their time to make a difference. Students of African-American and//or Caribbean heritage may apply. **The award ranges from \$300 to \$500.** The Award is dependent upon the quality of all applicant's documentation – a well written essay, validation letter (s) giving proof of service, and the applicant's proof of furthering his/her education at a college/university or trade/technical school.

Eligibility and Submission Documentation

Graduating High School Senior Criteria:

- Applicant's heritage: African-American and//or Caribbean
- 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 in New York State
- Must graduate high school
- Pursuing further education in the Summer or Fall of 2025 at any of the following:
 1. Four Year College or University
 2. Two Year College
 3. Trade/Technical School

NOTE: The institution is a verified college or university that is regionally accredited or a trade/technical school that is certified by a federally recognized accrediting agency. The school meets accreditation locally meeting industry standards that offer quality career training.

Documents to be Submitted

- Copy of Acceptance Letter from the institution to attend summer or fall 2025
- 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; Times New Roman 12-point font; Double-spaced
 - 2) 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.
 - Voluntary photo of yourself, which is not an Eligibility requirement to be awarded. (See permission form)
 - **Letters of Verification:**
 - 1) College/Guidance Counselor (See form enclosed)
 - 2) English Teacher (See form enclosed)
 - 3) See forms enclosed for verification of service and pursuing further education. These are the forms to be used. Agency/Church/Organization must affix their stamp or seal.
 - **Email all documentation to aceainc@yahoo.com.** Should the seal or stamp on verification forms be illegible, you will be asked to mail those documents to PO Box.

The Application, and all letters of verification are to be submitted online via email, only.

A confirmation of receipt of application will be sent to applicant's stated email address. Please type or write legibly.

How to Apply:

- 1) Download application from website – www.aaceainc.com
- 2) E-mail us for an application at: aaceainc@yahoo.com
- 3) Call us at: 718/ 949-6733

APPLICATION DEADLINE:

Monday, May 19, 2025, by 11:59 PM EDT

Done online via email, only.

Announcement of Award: Monday, June 9, 2025

The announcement will post at our website and winners will be notified personally.

Elizabeth Hubbard Community Service Scholarship Application 2025

Applicant's Name: _____

Street Address: _____

City _____ State NY Zip Code _____ E-mail _____

Phone: _____ Cell Phone _____ Parent Phone: _____

Social Security #:Last 4 digits only: _____ DOB: _____ Graduation Date: _____

Current High School: _____ City and Zip Code: _____

How do you identify yourself? Check one: I am African-American _____ I am Caribbean _____ Both _____

Check the type of school you will attend in the summer or fall of 2025: _____4 Yr _____2 Yr _____Trade/Technical Sch.

What is the name of the institution? _____

How will you use your award? _____

Will you be a full-time student in the Summer or Fall Term of 2025? Yes _____ No _____

What is the area of study you wish to pursue and why? _____

Full Name of Father or Mother or Legal Guardian and Phone Number: _____

Name and Relationship: _____

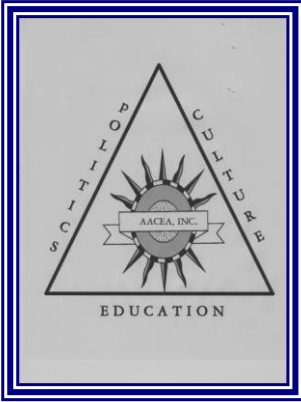
_____ Phone _____

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 200 unpaid community service hours in New York State; that I shall be enrolled in an accredited 4 year, 2 year, trade or technical school this summer or fall of 2025 as listed in this application; that all verification forms, letters, original essay, initial school receipt, and photograph that is optional, are truthful; that funds will be used toward the cost of my education; that my presence is anticipated should an acceptance ceremony be given, and if I am unable to attend activity mutual arrangements will be made in advance for me to receive Award; and further 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.

Print Name: _____ Date: _____

Signature: _____



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

Shauneequa L. Callier, Shirley Phipps,
Judith Tyler, Hon. Ernestine Washington
Director Emeritus, Joyce Samber
Education Advisor, Dr. Eartha Fackett

P.O. Box 1224, Valley Stream, NY 11582-1224 - E-mail: aaceainc@yahoo.com
Administrative Office: Rosedale, NY
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 2025

Name of High School: _____

Sponsor I: English Language Arts Teacher

Name: _____

School Telephone # and Ext: _____

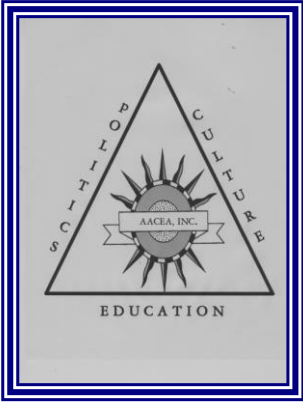
School E-mail: _____

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: _____

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The Elizabeth Hubbard Community Service Scholarship 2025

Name of High School: _____

Sponsor II: College/Guidance Counselor:

Name: _____

School Telephone # and Ext: _____

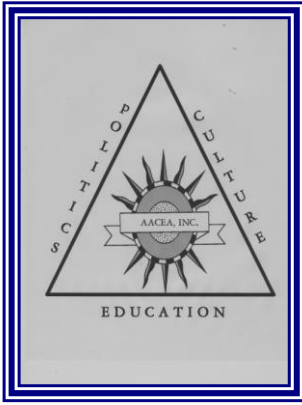
School E-mail: _____

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

Signature: _____

Date: _____

School Seal



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VERIFICATION OF SERVICE HOURS FORM 2025

APPLICANT: _____

Attention Organization: The following applicant is applying for the Elizabeth Hubbard Community Service Scholarship 2025. 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 or stamp 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: _____

Seal or Stamp

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.