

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

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 <u>not</u> an Eligibility requirement to be awarded. (See permission form)
- Letter of Verification and Verification Form:
 - 1) See form enclosed for verification of service. This is the form to be used by the Agency/Church/Organization to verify your service and their stamp or seal is to be affixed on the bottom of the form. A letter of reference accompanies the form.
- **Email all documentation to <u>aaceainc@yahoo.com.</u>** Should the seal or stamp on verification forms be illegible, you will be asked to mail the document to our PO Box.

The Application, and verification form and letter are to be submitted online <u>via email, only</u>. 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 dig	its only:	DOB:	Graduation Date:	
Current High School:	City and Zip Code:			
How do you identify yourse	lf? Check one: I am Africar	n-American	I am Caribbean	Both
Check the type of school yo	u will attend in the summer	or fall of 2025:	4 Yr2 Yr _	Trade/Technical Sch.
What is the name of the inst	citution?			
How will you use your awar	rd?			
Will you be a full-time stude	ent in the Summer or Fall Τε	erm of 2025?	Yes No	
What is the area of study yo				
	her or Legal Guardian and P			
Name and Relationship:				
			Phone _	
CERTIFICATION			1 Hone	
trade or technical school thi essay, initial school receipt, education; that my presence mutual arrangements will be		hat I am a reside w York State; the listed in this apponal, are truthful reptance ceremo receive Award;	ent of New York State; that I shall be enrolled in an olication; that all verification; that funds will be used to my be given, and if I am unand further understand that	t I have performed a accredited 4 year, 2 year, on forms, letters, original oward the cost of my hable to attend activity at if I fail to continue to
Print Name:			Date:	
Signature:				

APPLICANT:

African-American/Caribbean Education Association, Inc. (AACEAINC) "Working to better the education of our children"

Rosalind O'Neal, MA, MBA Founder and 660

Board of **Directors** Shawneequa L. Gallier, Shirley **L**hipps, Judith Tyler, Hon. Ernestine Washington Director Emeritus, Joyce Samber Education Advisor, Dr. Eartha Hackett

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

VERIFICATION OF SERVICE HOURS FORM 2025

Service Scholarship 2025. This form is needed to verify: 1) your organization by this applicant, 2) A detailed reference a descriptive detail of the quality of service provided, and within your program.	The number of, unpaid, service hours given to ce letter, on organization letterhead, that attests to 3) Please specify the type of service rendered
*Your organization's seal or stamp m	ust 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, pleas submit separately. Please indicate number of form pa 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 subn	nit with all documentation
APPLICANT NAME:	
Yes, I give permission for my son/daughter, the listed applicant, website.	to post photograph at AACEAINC
Signature:	Date
Parent or Legal Guardian (circle one)	
Print Full Name:	
For Applicant Declining:	
No, I do not give permission to post photograph at AACEAINO	C website.