NATIONAL PAN-HELLENIC COUNCIL, INCORPORATED
MONTGOMERY COUNTY, MARYLAND CHAPTER
2023-2024 Scholarship Application Criteria

SCHOLARSHIP APPLICATION CHECKLIST

☐ Scholarship Application: Completely filled out with complete sentences and accurate information. All application materials must be received by Monday, April 17, 2023, no later than midnight EST. All required application materials should be sent via email to president@nphc-mcmd.com and dc_harris@msn.com.

Transcripts ONLY should be mailed to:
National Pan-Hellenic Council, Inc.
Montgomery County Maryland Chapter
P.O. Box 454
Rockville, Maryland  20848-0454

☐ Recommendation Letters: Two recommendation letters, one community-based and one school-based. Recommendations must be signed and emailed as pdf documents.

☐ Official Transcript(s): Must provide an official transcript from Registrar in sealed envelope (should be mailed separately). Current registered HBCU student applicants must submit proof of Fall 2023 registration along with an official academic transcript with current GPA.

☐ An essay (limited to (2) pages) entitled “How I Plan to Impact the Future” (typed), 12pt. Times New Roman font, double-spaced with 1- inch margins.

Please feel free to contact David Harris at dc_harris@msn.com if you have any questions. Thank you for your interest, and we wish you the best in the final months of your high school career. We hope you consider applying for our scholarship!

David Harris, Sr.
NPHC-MCMD, 1st Vice President
Scholarship Chair

Tana Crumbley-Hassan
NPHC-MCMD, President
PERSONAL DATA

Type The Requested Data Below:

Applicant's Name: __________________________________________
(First, Middle, Last)

Applicant's Home Address (house number, street name, city, state, zip code):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Home Phone Number: (__________) __________________________________________

Cell phone Number: ________________________________________________________

Email Address: _____________________________________________________________

Date of Birth: ______________________________________________________________ (Month/Day/Year)

Name of Parent(s) or Guardian(s): ___________________________ Phone Number:__________________________

EDUCATIONAL BACKGROUND

Name of High School: _________________________________________________________

High School Graduation Date: _________________________________________________

Current Grade Point Average: __________________________ (based on a 4.0 scale)

Student Service Learning Hours Earned: _______________________________________

Current HBCU or University Planning to Attend:
_____________________________________________________________________

Major (Intended)________________________ Minor (Intended)________________________
List Your Membership(s) in the following areas: (DO NOT WRITE “SEE ATTACHED”. Continue on additional page if needed. You may also submit a resume to supplement.)

### HONORS AND AWARDS

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### EXTRACURRICULAR ACTIVITIES (Teams/Clubs)

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### ORGANIZATIONS

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I verify that the information provided in this application is valid and may be verified by members of the NPHC-MCMD Scholarship Committee. Applicants may be required to participate in an interview prior to award. (Business Attire Required)

Applicant’s Signature and Date: 

Parent Signature and Date: (or Guardian)

This application may also be downloaded @ www.nphc-mcmd.com