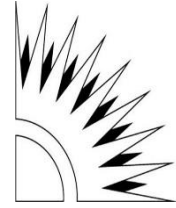


NATIONAL PAN-HELLENIC COUNCIL,  
INCORPORATED MONTGOMERY  
COUNTY, MARYLAND CHAPTER  
2024 Scholarship Application Criteria



**SCHOLARSHIP APPLICATION CHECKLIST**

- Scholarship Application: Completely filled out with complete sentences and accurate information. All application materials must be post-marked or received by **Tuesday, April 2, 2024**, no later than midnight EST. All required application materials should be sent via email to [president@nphc-mcmd.com](mailto:president@nphc-mcmd.com) and [dc\\_harris@msn.com](mailto:dc_harris@msn.com).

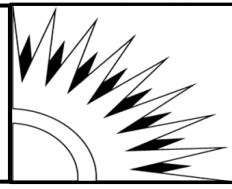
**Transcripts ONLY** should be mailed to:  
***National Pan-Hellenic Council, Inc.***  
Montgomery County Maryland Chapter  
P.O. Box 454  
Rockville, Maryland 20848-0454

- Recommendation Letters: Two recommendation letters, one community-based and one school-based. Recommendations must be signed and emailed as pdf documents **or mailed to post office.**
- 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 **Spring 2024** 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](mailto: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, 1<sup>st</sup> Vice President  
Scholarship Chair

Tana Crumbley-Hassan  
NPHC-MCMD, President



**PERSONAL DATA**

**Type The Requested Data Below:**

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

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

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Home Phone Number:

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Cell phone Number:

---

Email Address:

---

Date of Birth:

(Month/Day/Year)

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Name of Parent(s) or Guardian (s):

Phone Number:

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**EDUCATIONAL BACKGROUND**

Name of High School:

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High School Graduation date:

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Current Grade Point Average (Based on a 4.0 scale):

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Student Service-Learning Hours Earned:

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Current HBCU or University Planning to Attend:

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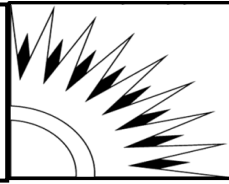
Additional Universities Planning to Attend:

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Major (Intended)

Minor (Intended)

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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**

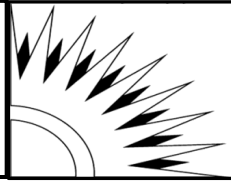
Honor/Award	Date Received

**EXTRACURRICULAR ACTIVITIES (Teams/Clubs)**

Teams	Clubs

**ORGANIZATIONS**

Organization Name	Office Held / Membership



COMMUNITY SERVICE ACTIVITIES

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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 Printed Name:

Applicant's Signature and Date:

Parent (Guardian) Printed Name:

Parent (Guardian) Signature and Date:

NATIONAL PAN-HELLENIC COUNCIL, INCORPORATED  
MONTGOMERY COUNTY, MARYLAND CHAPTER  
SCHOLARSHIP COMMITTEE CHAIR  
P.O. BOX 454 ROCKVILLE, MD 20848-0454  
This application may also be downloaded @ [www.nphc-mcmd.com](http://www.nphc-mcmd.com)

