



Hattie P. West Community Service Award Application

(Suffolk High School students only)

Please type or print using black or blue ink only

1.	Last Name	First Name	Middle
2.	Mailing Address		
	Street:		
	City :	State:	Zip:
3.	Telephone Number:()		
4.	Date of birth:	Month	Day Year
5.	Parent/Guardian Name(s):		
6.	Name and address of high school:		
7.	Cumulative Grade Point Average: (Note: minimum 2.5 on a 4.0 point scale is required)		
8.	Name of historically black college or university (HBCU) you plan to attend: Preferred Major or Area of Study		
9.	Number of family members residing in the home:		
10.	Total family Annual Income:		
11.	Does your family own or rent your current resident in Suffolk?		
	_____ Own _____ Rent		

12.	A. Community: List your non-school sponsored volunteer activities, affiliations, awards, etc.
	B. High School: List any academic honors, awards and membership activities
	C. Other: List your hobbies, interest, and any other activities or involvements not included in Part A. or Part B. of this section.
13.	Please state your career goals, in a well-developed paragraph. Tell why you believe the scholarship award will help you reach your goals
	Use the back of this page, if additional space is needed to properly complete this application

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____