



Scholarship Application Signature Page

APPLICANT'S NAME

(Print) _____

I understand that the consequences for withholding information requested on this application or knowingly providing false or incomplete information will disqualify me from receiving Black Professional Men Inc. assistance. I, therefore, certify that the statements made on this application are correct and complete to the best of my knowledge.

SIGNATURE _____
Applicant's Signature Date

PRINTED NAME: _____
Parent / Guardian Date

SIGNATURE: _____
Parent / Guardian Signature Date

*Parent signature is required for all applicants under the age of 18 years.

Parental Comments:

Write an essay addressing the following topic (limit to a total of three pages):
"How will you use your education to ensure the future the African American Community? Explain"