

**THE GREATER NASHVILLE ALLIANCE OF BLACK SCHOOL EDUCATORS
GWENDOLYN V. SMITH SCHOLARSHIP APPLICATION**

Type or print in ink. All information must be provided to have your application processed.

1. Name _____

2. Birth Date _____ U. S. Citizen? _____ Yes _____ No

3. Permanent Address _____

4. Contact Number _____ E-Mail _____

5. _____ Male _____ Female Race _____ Classification _____

6. County/State of Legal Residence _____

7. Name of High School or College Currently Attending _____
Future College _____

8. Grade Point Average: _____ ACT _____ SAT _____ PSAT _____ GRE _____ Other
(Please list score(s) and attach a copy of transcript)

REQUIRED ATTACHMENTS: Transcripts, Letters of Recommendation

CERTIFICATION BY THE APPLICANT

I understand that this application and all required attachments must be completed in full and submitted by the deadline date to be considered. I certify that I have read this application and it is accurate and complete to the best of my knowledge. I further agree to provide, if requested, any other data necessary to verify such information.

Type/Print Name

Signature

Date

CERTIFICATION OF SCHOOL COUNSELOR (high school students only)

I certify that the information submitted is accurate and complete to the best of my knowledge.

Type/Print Name

Signature

Date