

**BRIDGE THE GAP SCHOLARSHIP**

*A Supplemental Scholarship Program*

*Maximum Award of \$500*

This supplemental scholarship will assist students in meeting their last minute financial needs. Financial need includes books, outstanding balances or other educational associated costs that can not be met by the student or their family.

**Eligibility:** All applicants must be full-time students enrolled at Cheyney University. A grade point average of 2.5 or better is required.

**Requirements:** Interested students must complete an application accompanied by a typewritten news article, written in your own words, promoting Cheyney University. The news article must be creative, well written and visually interesting. Please limit your article to one page.

Scholarship recipients are required to submit a “thank you” letter to the Alumni Chapter of Philadelphia upon receipt of their award notice.

Mail or e mail your completed application and news article to:

Valerie Howard Richardson  
BTG Scholarship Chair  
5820 Montrose Street  
Philadelphia, PA 19143

- Email: VALHRICHARDSON@HOTMAIL.COM  
(\* E mail Application Preferred)

All applications will be reviewed and awarded by the Alumni Chapter of Philadelphia Scholarship Committee.

**DEADLINE DATE FOR APPLICATION: October 1, 2016**

Please type or print

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### PART I: GENERAL INFORMATION

Name ( <i>Last, First, MI</i> )			
Street Address			
City ST ZIP Code			
Telephone	(    )	Student ID	
Extra Curricular Activities			

Total financial aid you will receive from the following sources:

Pell \$ \_\_\_\_\_ SEOG \$ \_\_\_\_\_ PHEAA \$ \_\_\_\_\_ Other Scholarships \$ \_\_\_\_\_

### PART II: FAMILY INFORMATION

Please check this box if the following information pertains to a guardian instead of parent.

Guardian Name & Relationship			
Father's Name		Check one:	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
Mother's Name		Check one:	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
Street			
City ST ZIP Code			
Occupation(s)	Father:		
	Mother:		

Are you a veteran?  
\_\_\_ Yes \_\_\_ No

If yes, state term of active duty: From \_\_\_\_\_ To \_\_\_\_\_

### PART III: EDUCATION

Classification (check all that apply):

<input type="checkbox"/>	Full-Time	<input type="checkbox"/>	Freshman	<input type="checkbox"/>	Junior
<input type="checkbox"/>	Part-Time	<input type="checkbox"/>	Sophomore	<input type="checkbox"/>	Senior

Major \_\_\_\_\_ Total Credit Hours \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Academic Honors \_\_\_\_\_

Anticipated date of graduation: \_\_\_\_\_ (Month/Year)

### PART IV: WORK EXPERIENCE/SPECIAL TALENTS

List your work experiences. Give the job title, employer, and dates of employment. Begin with your most recent work experience.


Special Talents


List organizations to which you belong and include any offices held


## PART V: RECOMMENDATIONS

Please submit the name, address and telephone number of three people (non-relatives) who can provide verification that you have a financial need and can also vouch for your character. People may include: teachers, administrators, counselors, pastors, and others who can provide the requested information.

Name	Telephone: (    )
Address	Occupation:

Name	Telephone: (    )
Address	Occupation:

Name	Telephone: (    )
Address	Occupation:

### Signature and Authorization

I hereby submit my application for the Bridge the Gap Scholarship and attest that all information contained is correct and true. I also understand the terms and conditions upon which the scholarship is granted. I am willing to appear for a personal interview or to forward any additional information, if necessary. I authorize the Financial Aid Office to release information from my financial aid record to the Alumni Chapter of Philadelphia.

Name (printed)	
Signature	
Date	

***PLEASE ATTACH YOUR ORIGINAL NEWS ARTICLE PROMOTING  
CHEYNEY UNIVERSITY***