



# African American Museum of Bucks County

215 East Richardson Avenue, Langhorne, PA 19047

Tel :215 752-1909

## Scholarship Application Instructions Class of 2020 Graduating Class

### AAMBC Vision

The African American Museum of Bucks County (AAMBC) has a vision of honoring the legacy of African Americans, inspiring pride in our heritage, educating about the diverse journeys of our people, and sharing stories that depict our shared ancestry--thus enriching the whole Bucks County community.

Some of our major accomplishments to date include: *In 2020 we launched a school program that brought a Pop-Up exhibit to area schools that reached over 1100 students in the Bucks County School District in February alone. More schools are scheduled throughout the year.* Partnering with the Mercer Museum and Pearl S. Buck International on exhibits, leading tours of heritage and underground railroad sites, sponsorship of local high school students to testify before Congress about discrimination in Bucks County and an impactful speaker series through a partnership with the Bucks County Visitor Center in Bensalem, PA.

### AAMBC Scholarship Award

The AAMBC will grant three scholarships of \$500 to an African-American student who has achieved academic excellence, demonstrated leadership, served his or her high school and community, has the potential to succeed in college, and demonstrates a financial need. The scholarship will be awarded in May 2020 and be applied to the students' educational expenses for the 2020-21 academic year.

Scholarship funds are released directly to the college and payable to both the college and the recipient.

### Applicant Requirements:

- Graduate from high school by August 31, 2020
- Be accepted to a two or four-year college or vocational technical institution by June 30, 2020
- Have a B or better Grade Point Average (GPA)
- Reside in or attend a Bucks County Public High School.

**How to Apply:** To apply, each applicant will submit the following:

- 1- A Completed Scholarship application
- 2- A high school transcript
- 3- Two letters of recommendation –
  - a. One recommendation must be from a high school teacher or counselor
  - b. Second from another adult who knows the student and is familiar with the student's contribution to the school or community. Letters of recommendation should describe the student's academic achievement, service to the community, and potential for success.
- 4- Submit a complete packet to their schools' guidance office or mail directly to the address below. **The deadline for submission is May 1<sup>st</sup>, 2020.** Late or incomplete entries will not be considered for review.

### African American Museum of Bucks County

Attention: Scholarship Committee

[rchristie@aambcmuseum.org](mailto:rchristie@aambcmuseum.org)

215 East Richardson Avenue, Langhorne, PA 19047

All information will be kept confidential. All decisions of the Scholarship Committee are final.

FOR MORE INFORMATION

[www.aambcmuseum.org](http://www.aambcmuseum.org)   [info@aambcmuseum.org](mailto:info@aambcmuseum.org)





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Enter your HIGH SCHOOL graduation date. \_\_\_\_\_

What college do you plan to attend?

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What is your planned course of study?

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List special courses or programs you have taken during the last three years. List the most recent course or program first (AP, Honors, Dual Enrollment, International Baccalaureate, data processing, electronics, etc.).

Course or Program	Name of School	Dates of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## SCHOOL AND COMMUNITY ACTIVITIES

List activities in which you have participated during the *last three years*. (School clubs, student government, publications, varsity or club sports, theater arts, Beta Club, Scouting, VICA, 4-H, etc.).

Activity	Dates of Participation	Office/Position Held	Awards or Honors
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FOR MORE INFORMATION

[www.aambcmuseum.org](http://www.aambcmuseum.org)    [info@aambcmuseum.org](mailto:info@aambcmuseum.org)



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List community agencies or organizations in which you have participated **without pay** during the *last three years*. (Church, hospital volunteer, cultural activities, outreach programs, etc.).

Name of Agency or Organization	Kind of Activity	Dates of Participation	Hours Per Week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List jobs (including summer employment) you have held in the *last three years*.

Job /Type of Work	Employer	Summer	School Year	Dates of Employment	Hours per Week
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## FAMILY INFORMATION

Enter complete information about your family below.

	Father/Male Guardian	Mother/Female Guardian
Name	_____	_____
Occupation/Title	_____	_____
Employer's Name	_____	_____
Parents' marital status:	Married <input type="checkbox"/>	Separated <input type="checkbox"/>
		Divorced <input type="checkbox"/>
		Widowed <input type="checkbox"/>
Brother(s)	Age(s)	Sister(s)
: Number _____ ) _____		: Number _____ Age(s) _____

Enter the name(s) of the parent(s) or guardian you live with, if different from above. \_\_\_\_\_



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**Application Essay – Choose 2 of 3 and write a response in 500 words or less. Please type your responses on separate paper. Be sure to include the question and your name on the top of each page.**

**The AAMBC firmly believes in the history of our ancestors as a solid foundation for lessons to help us achieve in the future. Please describe a significant event in your family’s past that resulted in a lesson or value you will live by and pass to the next generation of African American young people.**

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**What are your plans for education, career, and community service for the next 10 years. How do the activities you participate in today lend itself to your success in these plans?**

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**If you had the opportunity to interview the front running candidates for the 2020 presidential race, what is the one issue you would ask them to fix in the US and why?**

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FOR MORE INFORMATION

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## AUTHORIZATION/CERTIFICATION

Please review your responses, sign your name below, and give this form to a school official for completion. The signatures below will authorize your school to release the information requested and certify that all information entered on this form is accurate and true.

NOTE: **IT IS YOUR RESPONSIBILITY TO ENSURE THAT YOUR SCHOOL RELEASES THE REQUESTED INFORMATION BY THE DEADLINE OF May 1<sup>st</sup>, 2020**

Student's \_\_\_\_\_ Name \_\_\_\_\_ (Please \_\_\_\_\_ Print)

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian's Name (Please Print) - \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date - \_\_\_\_\_

## SCHOOL INFORMATION

**NOTE FOR SCHOOL OFFICIAL:** Please provide the information requested, sign the form, and attach an **official transcript** of the student's grades that *includes grades from the first term for this academic year and the remaining senior year courses* being taken. **If a school profile is available, please include one with this form.** Thank you for taking the time to assist with this scholarship application.

Student's Class Rank

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Class Size

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Student's GPA

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### TEST SCORES

**ACT**

Test Date: \_\_\_\_\_

Composite Score: \_\_\_\_\_

**SAT I**

Test Date: \_\_\_\_\_

Verbal: \_\_\_\_\_

Math: \_\_\_\_\_

Please rate the level of difficulty of the courses this student has attempted:

Most Difficult

Above Average

Average

Below Average

## SCHOOL RECOMMENDATION

A WRITTEN RECOMMENDATION IS REQUIRED FOR THIS STUDENT.

Please type or print on school letterhead and enclose with this form. Please address the student's academic work, school and community activities, and potential for success. Please describe the special qualities and abilities of this student. Does the student have any special talents or skills, strengths or weaknesses? Are there special circumstances or obstacles that the student has had to overcome?

\_\_\_\_\_  
Name & Title of School Official

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

*Please make certain to include the transcript.  
Mail all scholarship materials **by May 1<sup>st</sup>, 2020** to:  
**African American Museum of Bucks County  
Scholarship Committee  
215 East Richardson Avenue  
Langhorne, PA 19047  
215-152-1909***

FOR MORE INFORMATION

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