



Tiara Nzasia Allison Scholarship Memorial Foundation

Doris Allison, Dir.

1200 9th Street

Statesville, NC 28677

(704) 873-6177

E-Mail: allisondoris2@gmail.com

Scholarship Application

Name _____ (Print)

Home Address _____

Telephone: (Home) _____ (Cell) _____

(Student's E-Mail) _____

Date of Birth _____ Social Security# _____

Marital Status: Single _____ Married _____

Current High School _____

City _____ State _____ Zip Code _____

Name and Address of parent (s) or Legal Guardian

Education Institution you expect to Attend

Name _____ Telephone _____

City, State, Zip _____

Have you applied for Admission: Yes _____ No _____

Have you been accepted: Yes _____ No _____

I affirm that all statements made in this application are true to the best of my knowledge.

Signature of Applicant

Date



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Dear Sir/Madam:

We would like to thank you for your interest in the Tiara Nzasia Allison Scholarship Memorial Foundation. We are a non-profit, 501c3 organization that provides educational opportunities through college education for our youth. Our organization represents education in Music and Art. The recipients of this scholarship will provide the following:

- A small picture of themselves
- A copy of their high school transcript
- A letter explaining why the individual should be chosen
- Acceptance letter(s) from college/university
- 2 Letter (s) of Recommendation

These are the criteria that has been set forth for the Tiara Nzasia Scholarship Memorial Foundation. The review board will carefully read over each application and choose the candidates chosen to represent this scholarship fund opportunity. We thank you for your time and consideration of this program and we look forward to working with you. Please send application to the school counselor.

Deadline for Application: _____

Sincerely,

Ms. Doris Allison

Director- Tiara Nzasia Allison Scholarship Memorial Foundation