



CHICAGO MUSLIM MEDICAL ALLIANCE & CENTER FOR ISLAMIC TEACHINGS AND COMMUNITY DEVELOPMENT



ANNUAL DIVERSITY SCHOLARSHIP APPLICATION FORM

(All information must be complete or the application will be denied.)

GENERAL INFORMATION					
(Last)	(First)	(Middle)	Date of Birth		
(No.)	(Street)	(City)	(State)	(Zip Code)	
Daytime Phone Number		Evening/Cell Phone Number		e-mail address	
ACADEMIC PLANS					
College/University planning to attend:		(Name of Institution)		(City and State)	
Planned field of study:					
ACADEMIC BACKGROUND & STANDARDIZED TEST SCORES					
	Name & Address	Number of years attended	Did you graduate?	Class Rank	G.P.A.
High School #1					
High School #2					
SAT Composite Score:		Date:		ACT Composite Score:	
				Date:	
SCHOLASTIC HONORS / AWARDS					
Name of Honor / Award Received				Date	
EMPLOYMENT EXPERIENCES					
Company Name:				Company Name:	
Position Title:				Position Title:	
Dates:		From: To:		Dates:	
				From: To:	
Describe the work you performed:			Describe the work you performed:		

EXTRACURRICULAR ACTIVITIES

List below, in order of importance to you, your principle extracurricular activities in grades 9 - 12.
Do NOT list employment or volunteer work.

Activity	Length of involvement	Positions / Offices Held or Honors Awarded

COMMUNITY SERVICE

Describe the nature of the community service, your specific role, when you participated and the length of your involvement.

Activity	Description / Role	Dates	Hours

PERSONAL ESSAY

In 500 words or less, address the following questions / topics:

- Why you want and need this scholarship;
- Comment on high school courses, extracurricular activities and community;
- Comment on character traits which you believe to be your best assets;
- Describe your post-college ambitions.

Letter(s) of Recommendation

Applicants must submit a minimum of one (1) letter of recommendation from a counselor, principal, teacher, employer, etc., appraising the individual's academic and personal qualities and potential. The scholarship Committee is particularly interested in evidence of character, relative maturity, integrity, independence, interests and any special talents or qualities.

Transcripts

Applicants must submit an official transcript indicating grade-point average.

Authorization and Certification

I understand that the information submitted herein will be relied upon by the CMMA/CITCD to determine my status as a scholarship candidate. I certify that the information in and submitted with this application is complete and correct and understand that it may be verified and that submission of false information is grounds for rejection of my application and withdrawal of any offer of scholarship. I also give permission to release these materials to any appropriate scholarship committee.

Signature of Applicant

Date

Please send completed application, official transcripts, essay and one letter of recommendation to the below listed address.

APPLICATION DEADLINE IS JUNE 23, 2020.

Center for Islamic Teachings and Community Development

P.O Box 2912 • Harvey, IL 60426

You may also email scan your application **with all supporting documents** to: info@citcd.org