
CITY OF TAMPA'S BLACK HISTORY COMMITTEE, INC. VOCATIONAL – TECHNICAL SCHOLARSHIP

Please Print (Black or Blue Ink) or Type

Applicants Name: _____
 Last *First*

Address _____
 Street *City* *State* *Zip*

Phone Number: _____ Email Address: _____
 Day Number

EDUCATION

Vocation or Technical School or Program currently attending: _____

Current G.P.A.: _____ (please provide proof) Anticipated Graduation Date: _____

School Address: _____

Field of Study: _____ Major: _____

Plans after graduation: Attached another sheet if necessary:

Have you received any aid/grants or scholarships? If yes, please provide names:

Extra-Curricular Activities: (clubs, organizations, volunteering, hobbies, etc.)

Parent/Guardian Signature: _____ Date: _____
(if student is under the age of 18 needs parent/guardian signature)

Student Signature: _____ Date: _____