



The Thomasina Williams Memorial Scholarship Award

Official Scholarship Application

Please print clearly or type all information on this application.

Part A: APPLICANTS PERSONAL DATA

Name: _____ Date of Birth: _____

Social Security # XXX-XX-_____ Sex: Male / Female Age: ____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone : _____

E-Mail: _____

Name of Parent/Guardian(s): _____

Part B: EDUCATIONAL BACKGROUND

Name of High School: _____

Name of College/University you will be attending in the fall of 2025

City: _____ State _____

Intended Major(s): _____

Part C: EXTRACURRICULAR ACTIVITIES, COMMUNITY SERVICE AND HONORS

Extracurricular Activities: _____

Community Service: _____

Honors and Awards: _____





The Thomasina Williams Memorial Scholarship Award

Official Scholarship Application



PART D: APPLICANT'S CHECK LIST

- ☐ I am of African American descent.
- ☐ I am a 2025 New York City graduating senior.
- ☐ High School transcript verifying GPA of at least 2.5 (c+)
- ☐ College acceptance letter.
- ☐ I have an IEP
- ☐ Two letters of recommendation from one of the following institutions:
 - o Community organization
 - o Academic institution
 - o Faith based organization
- ☐ 75 word Minimum – “My Personal History”
- ☐ 150 – 500 word essay on one of these topics:
- ☐ A. What do you see as the most important national situation we need to address and how it impacts our society?
- ☐ B. Do you feel that it is important to be involved in the betterment of your school and or community, and how would you accomplish this?
- ☐ Complete application form, answer all questions, and include all attachments.

PLEASE NOTE

Applications that are incomplete or missing any requested documentation will not be considered

Applications should be mailed to:
Harriet Tubman Purple Hat Society Inc.
PO Box 20473
Staten Island, NY10302

Deadline: April 30, 2025



The Thomasina Williams Memorial Scholarship Award

Official Scholarship Application

Part E: Certification and Authorization Release

I hereby certify that all information in this application is true and accurate. I am aware that any misrepresentation in this application will result in the disqualification of my application. I give the Harriet Tubman Purple Hat Society, Inc. Scholarship Committee permission to release my transcripts, letters of recommendation and application to scholarship donors and to publicize my scholarship award if I am a recipient.

Applicant's Name (please print): _____

Applicant Signature: _____ Date: _____

Parent's Signature: _____ Date: _____