



# **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:** \_\_\_\_\_ **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** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_

**Intended Major(s):** \_\_\_\_\_

### **Part C: EXTRACURRICULAR ACTIVITIES, COMMUNITY SERVICE AND HONORS**

**Extracurricular Activities:** \_\_\_\_\_

**Community Service:** \_\_\_\_\_

**Honors and Awards:** \_\_\_\_\_



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### **Part D:**

### **APPLICANT'S CHECK LIST**

- ☐ I am of African American descent.
- ☐ I am a 2026 Staten Island, New York 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:
  - Community organization
  - Academic institution
  - 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**

All 2026 Staten Island, New York graduating seniors may apply. Applications that are incomplete or missing any requested documentation will not be considered.

The application can be filled out online or mailed to:

The Harriet Tubman Purple Hat Society, Inc.  
c/o The Scholarship Committee  
P.O. Box 20473  
Staten Island, New York, 10302

**Deadline: May 1, 2026**



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#### **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: \_\_\_\_\_