



Broken Chains Awareness Development Group, Attn: Scholarship Committee, PO Box 300273, Houston, TX 77230

## **TO BE CONSIDERED ALL BROKEN CHAINS AWARENESS DEVELOPMENT GROUP SCHOLARSHIP APPLICANTS MUST:**

- Be a graduating high school senior
- Complete an application in its entirety
- Include their latest high school transcript
- Include their FAFSA Student Aid Receipt (SAR),
- Include two (2) verifiable Recommendation Letters
- Include College Acceptance Letter(s)
- Include the required essay (*plagiarized works will disqualify the applicant*)
- Mail completed application and attachments to BCADG, Attn: Scholarship Committee, PO Box 300273, Houston, TX 77230.
- All scholarship applications must be received by **May 15, 2023**

***Incomplete applications will not be considered!***

*(Print or type in the space provided. If you need additional space, please attached separate sheet(s) of paper with your application. Email [brokenchains123@yahoo.com](mailto:brokenchains123@yahoo.com) with any questions.*

Print Legibly

**Section A: PERSONAL INFORMATION**

Legal Name: _____ Last Name                      First Name                      Middle Initial		Contact Information: Cell Phone Number: _____ - _____ - _____ Alternate Number: _____ - _____ - _____	
Address: _____ _____ City                      State                      Zip Code		Date of Birth: ____ / ____ / ____ Email: _____	
Name of Mother /Legal Guardian: _____ Last Name                      First Name Occupation: _____ Contact Phone Number: _____ - _____ - _____ Email Address: _____		Name of Father /Legal Guardian: _____ Last Name                      First Name Occupation: _____ Contact Phone Number: _____ - _____ - _____ Email Address: _____	
Number of Brother(s) Name(s):                      Age(s): _____ _____ _____		Name of Sister(s) Name(s)                      Age(s): _____ _____ _____	
Applicant Ethnicity:	Sex:	Age:	
Current High School: _____	Address of School: _____ _____ City                      State                      Zip Code		
Name of Counselor: _____	Counselor's Email Address: _____		Counselor's Contact Number: _____ - _____ - _____
<b>FOR OFFICE USE ONLY:</b>			

**Section B: INCOME**

Annual Household Family Income (Check only one):

- |  |   |
|--|---|
| <input type="checkbox"/> Less than \$20,000  | <input type="checkbox"/> \$60,001 - \$80,000  |
| <input type="checkbox"/> \$20,001 - \$40,000 | <input type="checkbox"/> \$80,001 - \$100,000 |
| <input type="checkbox"/> \$40,001 - \$60,000 | <input type="checkbox"/> \$100,001+           |

**Section C: EXTRA-CURRICULAR ACTIVITIES, AWARDS, HONORS, SCHOLARSHIPS  
And COMMUNITY SERVICE**

Please list all extra-curricular activities, awards, honors and scholarships you have received:

1.

2.

3.

4.

5.

Did you participate in any Community Service in the last 12 months? If so, specify.

1.

2.

Please provide contact person for Community Service (name, telephone number & email address)

1.

2.

**FOR OFFICE USE ONLY:**

## Section D: SCHOLASTIC and COLLEGE INFORMATION

Current cumulative GPA: \_\_\_\_\_/\_\_\_\_\_

Example: 3.5/5.0

Class Rank: \_\_\_\_\_/\_\_\_\_\_

Example: 176/300 176 out of 300 students

College Entrance Exam Scores:

SAT Score: \_\_\_\_\_ DATE Taken: \_\_\_\_\_ ACT Score: \_\_\_\_\_ DATE Taken: \_\_\_\_\_

Institution you plan to attend after high school graduation:

1<sup>st</sup> Choice:

Institution Name: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

City

State

Zip Code

Why was is this institution your 1<sup>st</sup> Choice?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2<sup>nd</sup> Choice:

Institution Name: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

City

State

Zip Code

Why was is this institution your 2<sup>nd</sup> Choice?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3<sup>rd</sup> Choice:

Institution Name: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Why was is this institution your 3<sup>rd</sup> Choice?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section E: PERSONAL and BROKEN CHAINS  
REFERENCES**

Personal References (List three): Name, Address, & Phone Number

1.

2.

3.

Broken Chains References (Name, Address, & Phone number of BCADG member you know personally):

1.

**Section F: THIS SECTION PERTAINS TO YOUR FUTURE SUPPORT  
OF BROKEN CHAINS AWARENESS DEVELOPMENT GROUP**

1. If selected to receive a Broken Chains Awareness Development Group scholarship, what are your goals upon high school graduation?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The essay should define what freedom is in 2023. You are to define freedom in a way the explains what freedom means to you using the tenets and historical premise of Juneteenth. You are to be personal and specific in your writing vs general and political. The essay should a minimum of three pages and a maximum of five pages. Please type your essay and print the page number on the bottom of each page.

***\*\*Remember to attach your essay to this application\*\****

**Section G: ADDITIONAL COMMENTS**

What additional information would you like to share with us that will strengthen your application?

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How did you hear about this scholarship?

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***If any additional space is needed, please use standard size typing paper and attach to back of application.***

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**All scholarship applications must be received by May 15, 2023**