



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 a graduation photo of yourself
- Include the required essay about what Juneteenth really means to you (plagiarized works will disqualify the applicant)
- Include a link to a video of you reading your essay in a setting like school or a park. The video can be located in a shared drive like Google Drive, etc. (If selected your video will be played at the annual gala)
- Email application, photo, and video link to the following email address: brokenchains123@yahoo.com
- All scholarship applications must be received by **May 31, 2025**
- **If selected as a recipient of the scholarship we would like you to sell at least seven annual gala tickets or one table.**

***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 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)

Names(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:

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**FOR OFFICE USE ONLY:**

## 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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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City	State	Zip Code
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Why was is this institution your 3<sup>rd</sup> Choice?

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## 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?

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The essay should define what Juneteenth really means to you. You are to be personal and specific in your writing vs. general and political. The essay should be 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 31, 2025**