



DCCCFE

District of Columbia Council for Excellence, Inc

HIGH SCHOOL SCHOLARSHIP

APPLICATION & INSTRUCTIONS

Fax or Email all accompanying materials to:

DC Council for Excellence Inc.

AdminSupport@dccfe.org

Fax: 202 265 1900



District of Columbia Council for Excellence, Inc.

Student Name: _____ Ward: _____

Check the box by the award you qualify for

College Journey Tier 1 - \$10,000.00 Four Year Scholarship

- Two letters of recommendation
- Completed College Financial Cost Spreadsheet (send email to receive a copy)
- Enrolled in a full time undergraduate course of study at an accredited four-year college or university
- Completed resume
- Two essay questions each minimum 250 words
- Official school transcript
- **A minimum of cumulative GPA of at least 3.5 – 4.0**
- Proof of participation in a school club or community activity and college preparedness program

College Journey Tier 2 - \$7,000.00 Four Year Scholarship

- Two letters of recommendation
- Completed Scholarship Financial Spreadsheet (send email to receive a copy)
- Enrolled in a full time undergraduate course of study at an accredited four-year college or university
- Completed resume
- Two essay questions each minimum 250 words
- Official school transcript
- **A minimum of cumulative GPA of at least 3.0 – 3.4**
- Proof of participation in a school club or community activity and college preparedness program

Microsoft Surface Book 256GB SSD/i5/8GB RAM

Included with each Scholarship Award

**Fax or Email all accompanying materials to:
DC Council for Excellence Inc.
AdminSupport@dccfe.org
Fax: 202 265 1900**

**Applications Accepted: April 15th – May 02, 2022
Deadline May 02, 2022
Applications will not be processed after May 02, 2022**



District of Columbia Council for Excellence, Inc.

Student Name: _____ Ward: _____

PLEASE SUBMIT THE FOLLOWING:

- A completed **DC Council for Excellence Application**. Please type or clearly print your responses, including "N/A" for items that are not applicable to you. The application **MUST** be completed in its entirety, submitted with the items listed below, **Application will not be accepted after the deadline date May 02, 2022**
- An official current **Academic Transcript**. We will not accept student copies or other unofficial transcripts.
- Completed **Resume**.
- SAT or ACT scores.
- Schedule Video Zoom Interview once application is submitted
- Executed Acceptance and Financial Award Letter from a University or Community College.
- Two Letters of Recommendation**. One must be from a member of faculty at your high school and from a **non-relative** who is familiar with your academic and/or personal performance (i.e. employer, advisor, etc.).
- Two essay questions each minimum 250 words
 - Write your autobiography. Include a realization that sparked a period of personal growth and a new understanding of yourself or others.
 - Tell us about the areas of study you are excited to explore, why you wish to pursue them and specifically the impact it will have for you individually and society?
 - What does community engagement mean to you? What have you done to make your school or your community a better place?

Completed submitted copy of FAFSA

Application materials must be mailed in one packet. Transcripts and letters of recommendation should not be sent under separate cover. SAT/ACT scores must be included on the application at the time it is mailed. Incomplete, e-mailed or faxed applications will not be considered.

Scholarships will be presented at the student graduation or DCCFE ceremony held in June of each year. The actual cash awards will be made from the DCCFE main office upon receipt of proof of enrollment for the period covered by the award.

Award recipients will be notified by June 15th. Scholarship disbursements will take place at the beginning of each academic semester (Fall and Spring). Awards will be made payable to the recipient.

Any questions please contact our office via email

Adminsupport@dccfe.org

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District of Columbia Council for Excellence, Inc.

Student Name: _____ Ward: _____

PERSONAL INFORMATION

Last Name

First Name

Middle Initial

E-Mail

Date of Birth (DD/MM/YYYY)

Gender

Nationality

Street Address

City

State

Zip Code

Phone Number

Cell Phone

Social Security Number

ACADEMIC INFORMATION

High School Name

Ward Number

Expected Graduation Date

Grade Point Average

SAT / ACT Score

Math

Critical Reading

Writing

Are you the first in your family to attend college

Yes

No

How did you hear about our program? _____

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ATTACH YOUR RESUME TO THIS PAGE

List your extracurricular activities and organizational involvement

Name of Program	Description	Date

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APPLICANTS STATEMENT

1. I have met ALL requirements as outlined and acknowledge that misrepresentation of the information presented may be grounds to rescind the scholarship award. I also agree to inform the scholarship committee of any significant changes to that information.
2. I will use the proceeds of any scholarship aid received for the payment of tuition, required fees, room and board other qualifying college related expenses and/or required materials only.
3. I agree to the release of official transcripts of my grades to DC Council for Excellence.
4. If I am awarded a scholarship, I will provide satisfactory evidence, as required by DC Council for Excellence, of my full-time enrollment during the period(s) for which the scholarship is awarded.
5. I understand that submission of this application constitutes permission to use my name and/or photograph for promotional purposes in all DC Council for Excellence publications.

PrintName
(DD/MM/YYYY)

Signature

Date

OFFICE USE ONLY:

DCCCFE STUDENT IDENTIFICATION NUMBER: _____

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