



DCCCFE

District of Columbia Council for Excellence, Inc

MIDDLE SCHOOL SCHOLARSHIP

APPLICATION & INSTRUCTIONS





District of Columbia Council for Excellence, Inc.

Student Name: _____ Ward: _____

College Journey Beginners

First Place Award – Value up to \$350.00 (\$200.00 Cash & Back to School Supplies*)

Second Place Award – Value up to \$250.00 (\$100.00 Cash & Back to School Supplies*)

- B+ or higher grade point average
- Eighth grade student entering Ninth grade
- **Two letters of recommendations** – member of **faculty** at your middle school and **from a relative**
- Four essays of 250 words or less
- Official school transcript (Signed or Emailed by Guidance Counselor)
- Most recent Report Card.
- List of extra circular activities or mentorship programs

***Back School Supplies and North Face Backpack.**

Mail, Email or Fax Application and all accompanying materials to:

DC Council for Excellence Inc.

c/o Scholarship Program

1717 K Street N.W., Suite 900

Washington D.C. 20006

info@dccfe.org

Fax: 202 265 1900



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 postmark date May 20, 2024**
- An official current **Academic Transcript**. (Signed by the Guidance Counselor)
- Completed list of Extracurricular Activities and Organizations (See Page 3)
- Two Letters of Recommendation**. One must be from a member of **faculty** at your middle school and **from a relative** who is familiar with your academic and/or personal performance (i.e. advisor, pastor, neighbor etc.).
- Answer **EACH** of the essay questions in **250 words or less**.
 - What are the benefits of being prepared for school? How will it impact your future?
 - What obstacles do you think you will face in high school and what are your plans to overcome each obstacle?
 - Who are some role models in your life? How do they inspire you to be a better role model to the peers in your community?
 - Provide us with a brief summary about yourself and an experience that impacted you. (place of birth, family members, neighborhood)?

Award recipients will be notified Graduation Day. All awardees are required to attend the Award Luncheon.

Any questions please contact our office 202 864 1718 or info@dccfe.org



District of Columbia Council for Excellence, Inc.

Student Name: _____ Ward: _____

PERSONAL INFORMATION

Last Name	First Name	Middle Initial
E-Mail	Parent/Guardian Name	
Date of Birth (DD/MM/YYYY)	Gender	Nationality
Street Address		
City	State	Zip Code
Parents Contact Number:	Student Contact Number	Social Security Number

ACADEMIC INFORMATION

School Name	Ward Number
High School Attending in September	Grade Point Average

How did you hear about our program: _____



District of Columbia Council for Excellence, Inc.

Student Name: _____ Ward: _____

List your extracurricular activities and organizational involvement

Name of Program	Description	Date

GUIDANCE COUNSELOR

Counselor Name	Email Address	Contact Number



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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 agree to the release of official transcripts of my grades to DC Council for Excellence.
3. 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.
4. 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.

Student PrintName	Student Signature	Date

Parent / Guardian PrintName	Parent Signature	Date

OFFICE USE ONLY:

DCCFE STUDENT IDENTIFICATION NUMBER: _____