

2019 Student Activism Scholarship Application

Full Name:		
Address:		
City:	State:	ZIP:
Email:		
Phone:	Date of Birth:	
Current Academic Institution:		
2019/2020 Academic Institution (if decided):		
I am an Atheist (required).		
☐ I am about to enter college, or ☐ I am already enrolled in college or graduate school.		
☐ I am a member, and/or ☐ my parent/guard one-year American Atheists membership of thi		neists, and/or 🔲 l accept the free
I have been a member since:	and/or my parent/guardian has b	een a member since:
Parent/Guardian Members Name:		
I have enclosed (all items must be included fo	or the application to be considered	d):
This application;		
A copy of my most recent school report card/transcript showing a GPA of at least 2.5;		
All supporting documentation for m A brief essay of 500 – 1,000 words of		and
I am applying for the (check all that apply):	actaining my activism.	
O'Hair Award (\$1,000) President's Awards (\$500) Chinn LGBT Awards (\$500)		
O Hall Award (\$1,000) Fresiden	t's Awards (\$500) Chillin Edbi	Awarus (\$500)
With my signature, I acknowledge that I am applying fo	or the above scholarships to be applied	to my college tuition for the upcoming
school year. I have read the rules and regulations and a qualified to apply for these scholarships.	am in agreement with the terms. I state	that, to the best of my knowledge, I am
quantita to apply for these sential ships.		
Student Signature:		Date:
Parent/Guardian Signature:		Date: