

**THE GREATER NASHVILLE ALLIANCE OF BLACK SCHOOL EDUCATORS  
GWENDOLYN V. SMITH SCHOLARSHIP APPLICATION**

Type or print in ink. All information must be provided to have your application processed.

1. Name\_\_\_\_\_

2. Birth Date\_\_\_\_\_ U. S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Permanent Address\_\_\_\_\_

4. Contact Number\_\_\_\_\_ E-Mail\_\_\_\_\_

5. \_\_\_\_\_Male \_\_\_\_\_Female Race\_\_\_\_\_ Classification\_\_\_\_\_

6. County/State of Legal Residence\_\_\_\_\_

7. Name of High School or College Currently Attending\_\_\_\_\_

Future College\_\_\_\_\_

8. Grade Point Average: \_\_\_\_\_

(Please attach a copy of transcript)

**REQUIRED ATTACHMENTS:** Transcripts, Letters of Recommendation

**CERTIFICATION BY THE APPLICANT**

I understand that this application and all required attachments must be completed in full and submitted by the deadline date to be considered. I certify that I have read this application and it is accurate and complete to the best of my knowledge. I further agree to provide, if requested, any other data necessary to verify such information.

\_\_\_\_\_  
Type/Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CERTIFICATION OF SCHOOL COUNSELOR (high school students only)**

I certify that the information submitted is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Type/Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date