



Golden Pyramid Academic Scholars Application



Please type or print in blue or black ink

Student Information			
First Name	Middle Initial	Last Name	
Street	City	State	Zip Code
Phone Number	Work Number	Email Address	
Age	Birth Date		
School Attending	Counselor/Advisor	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Grade Point Average - GPA	Current Grade	Grade SAT Testing (if taken)	
Date	Student Signature		

Parent's/Guardian's Full Names and Contact Information

Father's Information			
First Name	Last Name		
Street	City	State	Zip Code
Phone Number	Work Number	Email Address	
Date	Father's Signature	FAX	

Mother's Information			
First Name	Last Name		
Street	City	State	Zip Code
Phone Number	Work Number	Email Address	
Date	Mother's Signature	FAX	

Guardian's Information (Only if applicable)			
First Name	Last Name		
Street	City	State	Zip Code
Phone Number	Work Number	Email Address	
Date	Guardian's Signature	FAX	

Please make additional copies when needed.

Questions? Please call 619-266-6247 (Ms. Hickerson) or 619-266-6251 (Valarie Littlejohn)

Due Date for this application is May 28, 2007



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Student Information		
First Name	Middle Initial	Last Name

Years recognized as a Golden Pyramid Academic Scholars: (circle one)

One Year
 Two Years
 Three Years
 Four Years
 Five Years
 Six Years
 Seven Years

List awards, certificates, or special recognitions you have received:

1)	2)
3)	4)
5)	6)

List School Involvement and Activities

1)	2)
3)	4)
5)	6)

List Community Involvement, Activities and Organizations:

1)	2)
3)	4)
5)	6)

Have your educational plans changed since your original application? If yes, please explain

Note: All information reported on this form is confidential and will only be used with higher education collaborative to assist in the search for scholarship(s) and/or admission to institutions of higher education. All photographs taken are used solely for marketing the Campaign of African American Achievement program. By signing this form, you acknowledge and give your permission to have your child's photograph in any San Diego Urban League publication.

Applicant's Signature

Date

Parent/ Guardian Signature

Date

Please make additional copies when needed.

Questions? Please call **619-266-6247 (Ms. Hickerson)** or **266-6251 (Valarie Littlejohn)**

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School Verification of Scholar's Current Performance Evaluation

To be completed by Scholar

Student Information			
First Name	Middle Initial	Last Name	
Street	City	State	Zip Code
School Name	Student Number		Grade
Name of Counselor/Advisor			

I authorize my child's school officials to provide the information requested below. I understand that this information will be strictly used for meeting the Golden Pyramid Academic Scholars criteria.

Applicant's Signature	Date
Parent/ Guardian Signature	Date

To be Completed by Current School of Attendance		
Student's Name	Middle Initial	Last Name
School Attending	Grade Level	
Current GPA	Citizenship Ranking	
Printed Name of Counselor/Advisor	School Official or Counselor/Advisor Title	
School Official or Counselor/Advisor Signature:	Date	Phone #
Comments regarding the scholar:		
Academic information that you have made available to your scholar:		

Please return this form to the scholar indicated above.