

# SANKOFA SCHOLARS PROGRAM

SANKOFA Scholars Association  
Application  
(Please print or type)

Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_  
(Required to be eligible for scholarships)

Address: \_\_\_\_\_  
Street

\_\_\_\_\_

City

Zip Code

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Educational Goal:    Transfer            Associate Degree            Certificate  
(Circle One)

Major/Career Goal: \_\_\_\_\_

Current English Class: \_\_\_\_\_

How did you hear about the SANKOFA Scholars Program?

\_\_\_\_\_

I am interested in the SANKOFA Scholars Program and desire to take part in the program's educational, social, cultural, and/or community activities.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Submit to: Debra Peterson, Coordinator/Counselor  
Counseling Office - Bldg. A  
Liberal Arts Campus