

**TONY S. DAVIS MEMORIAL SCHOLARSHIP**  
An award program for youth  
graduating from high school in June 2010

**2010 Application**  
(Please print or type)

Full Name of applicant: \_\_\_\_\_

Male or Female (circle one)

Parent's full name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Telephone Number: \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Which housing assistance program are you in?

Public housing  Housing Choice Voucher (formerly the section 8 program)

How long have you been a public housing resident or a participant in the Housing  
Choice Voucher Program (Section 8)? \_\_\_\_\_

(To be eligible, the applicant must have been a resident for at least one year.)

Name and Address of school to which you plan to attend:

List the schools at which you have been accepted:

\_\_\_\_\_  
\_\_\_\_\_

High School expected graduation date: \_\_\_\_\_

Name of High School from which you expect to graduate: \_\_\_\_\_

Latest grade point average (unweighted): \_\_\_\_\_

**Please attach each of the following items to this application:**

1. 500 word essay (double-spaced) describing:
  - Why you feel you are deserving of the scholarship
  - Your academic goals
  - What are your plans for the future
2. Two letters of recommendation (professional and/or school personnel)
3. Official High School Transcript – (not a copy)
4. Letter of acceptance from a college or university for the fall of 2010
5. A list of the extracurricular activities in which you have participated during your high school years.
6. Most recent SAT scores

**All required materials must be submitted by May 21, 2010.**

\*\*\*Incomplete applications will be disqualified.

**Return all documentation to:**

**Stephanie Semones  
Special Events and Volunteer Coordinator  
8343 Fairhaven Drive  
Gaithersburg, MD 20877  
Fax: 301-869-5222**

Questions? Please contact: [stephanie.semones@hocmc.org](mailto:stephanie.semones@hocmc.org) or 301-355-7399