



AFRICAN AMERICAN CAUCUS

COUNTY OF SACRAMENTO

P.O. Box 161023

SACRAMENTO, CA 95816

The Sacramento County Departments of Human Assistance and Health and Human Services African American Caucus invites you to apply for our Susie Gaines-Mitchell African American Scholarship.

Susie Gaines –Mitchell’s career with the Sacramento County spanned over three decades. Her accomplishments included: First Affirmative Action Officer for Sacramento County welfare department, member of the Black Social Workers Organization, Board of Directors of Travels Aid and Sacramento Black Alcohol Center, just to name a few.

Susie Gaines-Mitchell died of cancer on January 18, 1995. Our scholarship was established in 1997 to honor her.

Six \$1000 scholarships will be awarded in May 2018 at the Board of Supervisors Chambers. Scholarship recipients will be notified by April 25, 2018.

Eligible applicants must be:

1. A Sacramento County resident
2. A 2018 graduating high school senior
3. Entering a two or four year accredited college/university/technical/or trade school
4. Must have a minimum cumulative G.P.A. of 2.5

All documentation must be included at the time the application is received. Please follow the attached check list. Please note that our scholarship is not based on any income qualifications but are intended to be given to students who desire to advance through higher education.

If you would like to receive our scholarship information through email, please contact us at: DHA-AACaucus@saccounty.net

County of Sacramento
African American Caucus
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Sacramento, CA 95816



**SUSIE GAINES-MITCHELL
SCHOLARSHIP APPLICATION 2018**

Student's Name: (Ms.)
(Mr.)

Last First Middle

Address:

Street Apt.

City County State Zip Code

Mailing Address:
(If Different)

Street / P.O. Box Apt.

City County State Zip Code

E-mail Address:

Telephone Number:

() _____ Cell Phone Number: () _____

Date of Birth:

Month/Day/Year Ethnicity: _____

Are you a U.S. Citizen? Yes No
Are you a legal Resident? Yes No

Parent/Guardian Name (s):

Last First Middle

Last First Middle

Mailing Address:

Street/P.O. Box Apt.

City State Zip Code

Telephone Number:

() _____

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High School: _____

Address: _____
Street

_____ City State Zip Code

Counselor's Name: _____

Telephone Number: () _____

Graduation Date: _____

Cumulative Grade Point Average (G.P.A.): _____

√ **Must Include High School Transcripts with Application**

College / University / Trade School
Currently or Planning to Attend: _____

Have you been accepted? Yes No Course of Study: _____

Address: _____
Street

_____ City State Zip Code

√ **Must Include Acceptance Letter or Proof of Enrollment with Application**

Non-Relative References:

(1) Name: _____

Relationship: _____

Telephone Number: () _____

How long have you known this person? _____ Years _____ Months

(2) Name: _____

Relationship: _____

Telephone Number: () _____

How long have you known this person? _____ Years _____ Months

√ **Must Include a Letter of Recommendation from Each Non-Relative Reference with Application**

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Please briefly list in order of importance your achievements and activities

For Example: School Activities /Community Involvement /Work Experience (attach additional pages if needed)

- 1) _____
- 2) _____
- 3) _____

Essay Questions

Student, please choose 1 of the 4 essay questions listed below. The title should indicate which question you are answering and be typed in 12" font. All essays must be 500 words or more.

- 1) Today's leaders recognize that our future depends on the ability to interact with people from backgrounds or cultures different from our own. What event, experience, or cultural interaction has prepared you to work and lead in a global community?
- 2) Who is a role model for you? And why?
- 3) Give us an example of a time you overcame adversity. And how has it affected you today?
- 4) Describe your community involvement and how you have grown in these areas? Also, what value does your community involvement bring to the African American community?

COMPLETED APPLICATION MUST BE RECEIVED BY April 20, 2018

Mailing Address: African American Caucus Scholarship Committee
PO Box 161023 – Sacramento, CA 95816

I have read and understand the rules that apply to completing this form. This form has been examined by me and to the best of my knowledge and belief is true, correct and complete. I further more agree to the terms and conditions that bind this scholarship program. Also I, _____ consent / do not consent to having my name, photograph, image, and or quotes used for publication in newsletters, annual reports, videos, Internet web page, and presentation displays by Sacramento County's Department of Human Assistance. I understand that members of the general public may see my picture/image.

Student's Signature: _____ **Date** _____

Parent / Guardian Signature: _____ **Date** _____

Parent / Guardian Signature: _____ **Date** _____

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CHECK LIST

Please check each box to validate the accurate completion of your application

- Read the scholarship program rules
- Official and sealed high school transcript(s)
(copies will not be accepted)
- Two letters of recommendation
(letters from any non-relative detailing your personal attributes, such as, leadership, community involvement, school activities/achievements)
- Acceptance letter, verification of enrollment or verification of application from the college/university/school you are scheduled to attend.
(if chosen to receive this scholarship, a check will not be issued until verification of acceptance has been provided)
- Essay typed
- Essay titled
- Essay specifies which question was answered
- Essay 500 words or more
- Applicant signed application
- Parent/Guardian (s) signed application if applicant is under 18
- All questions on the form were answered, no answers were left blank
- Application received by April 20, 2018**

GOOD LUCK!