



Hofstra University
2025-2026 Black/Hispanic Alumni Association (BHAA) Annual
Scholarship

1. Must be a Hofstra University undergraduate student.
2. Students will be recommended on the basis of academic potential and/or financial need* and have the ability to enhance diversity at the University, as demonstrated by diverse life experiences and/or previous experience bringing diverse people together.
3. Applicants are required to submit:
 - A completed application.
 - Two (2) letters of recommendation (i.e., a teacher, guidance counselor, religious or community leader) addressed to the BHAA Scholarship Committee. **Letters must be on official letterhead and have an original signature.** In the case that this is not possible, we will accept letters that are emailed directly from the recommender(s) to **alumni@hofstra.edu**.
 - A current official transcript. These should be web, *not official*, transcripts.
 - One (1) typed essays:

[1] Please address the topic below (Minimum 250 words):

What are you most passionate about and how do you expect to fuel that passion through your educational experiences here at Hofstra University?

4. **The FERPA Student Release consent form must be submitted along with this application.** This form can be obtained from the Student Financial Services via download from www.hofstra.edu/pdf/acadrec_FERPA.pdf. On this form, fill in Name of Authorized Person: **Black/Hispanic Alumni Scholarship Committee**.

Note: For information about financial aid at Hofstra University, please contact Student Financial Services at 516/463-8000.

5. Return completed applications and materials via email to Heidi Goldenberg at heidi.j.goldenberg@hofstra.edu.

* Completed **AnnualScholarship** applications and required documents must be received no later than **Friday, March 14, 2025**. **All items must be submitted together. No exceptions will be made.**

6. For additional information or questions, please contact the Office for Alumni Affairs at: (516) 463-6636.

7. **Financial need is calculated by filing the FAFSA (Free Application for Federal Student Aid) at www.fafsa.ed.gov. Hofstra University's school code is 002732. It will take approximately 3 weeks for Student Financial Services to receive your FAFSA from the time you file it. For more information, contact Student Financial Services at (516) 463-8000.**



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Personal Information

Name: _____
Last First Middle

Home Address: _____
Number and Street Apartment Number

City State Zip Code

Phone Number: Home: _____ Campus: _____

Other: _____

Email: _____

Hofstra Student ID #: _____

Date of Birth: ____ / ____ / ____

Place of Birth: _____
City State Country



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Educational Information

- 1. List all colleges and high schools attended in chronological order, starting with most recent.**

Name of School and Complete Address	Dates of Attendance	Graduation Date or Expected Date of Graduation

Check your class standing for this coming fall semester:

Sophomore () Junior () Senior ()

Year of initial enrollment in college: _____ Expected year of graduation: _____

Area of study (Major): _____

Type of Degree you are pursuing: _____

- 2. List all employment within the past five (5) years, in chronological order, starting with most recent.**

Name and Address of Employer	Dates of Employment	Job Title & Description of Duties	Annual Salary or Volunteer



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3. List any organizations in which you are an active member. Do not use acronyms.

Name of Organization	Office(s) Held & Description of Participation	Dates of Membership

4. List special talents, skills or abilities.

5. List any extra-curricular activities and describe your involvement.



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Financial Information

1. Have you received scholarships or financial assistance in the past? Yes () No ()

2. If “yes”, list the source, amount and the period of time your received the assistance.

3. List **ALL** anticipated scholarships, awards, loans, and any other financial assistance for the upcoming academic period. Include the type and amount of the award and whether it is for one year or your entire college career.

4. Itemize your anticipated needs for the upcoming academic year.

Tuition	\$ _____
Books	\$ _____
Room/Board	\$ _____
Transportation	\$ _____
Personal	\$ _____
Other (explain)	\$ _____
Total	\$ _____

CERTIFICATION

I, _____ hereby, certify that the statements presented in this application are true and correct to the best of my knowledge. I understand that the Black/Hispanic Alumni Association Scholarship Committee must receive a current official transcript and all other required documents **for the *annual scholarship* by March 14, 2025** for my application to be considered complete.

Signature

Date