

# Association of California School Administrators Region 6 Dr. Frank Wells Memorial Scholarship 2024-2025

The Association of California School Administrators Region 6 is awarding a \$2000 scholarship to an African American graduating high school senior who exemplifies Dr. Frank Wells' deep commitment to equity and justice and his compassion and care for all people.

## QUALIFICATION CRITERIA

The award is based on records of success in academics, scholarship, citizenship as well as activities focused on service to others.

### The applicant must:

1. Be an African American high school graduating senior.
2. Plan to attend a college, university, or community college in the Fall of 2025 as a full time student.
4. Complete all requirements of the attached application. The written application must be done by the applicant.
5. Letter of Recommendation from a teacher, Principal or Counselor is required. Letter must be dated after October 1, 2024.

**The completed application must be emailed to Rose Lock, Region 6 Executive at [roselockR6@gmail.com](mailto:roselockR6@gmail.com) by 5:00 PM on February 14, 2025. Incomplete or late applications will not be accepted for consideration.**

# ACSA Region 6 Dr. Frank Wells' Memorial Scholarship Application

## *Applicant Information*

Student Applicant's Name: \_\_\_\_\_

Student Applicant's address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Student Applicant's Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

High School and District: \_\_\_\_\_

High School Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Higher education institution you hope/plan to attend in the fall: \_\_\_\_\_

Have you been officially accepted?: \_\_\_\_\_





**Transcript Information (Complete by school official)**

*Student must include a high school transcript and have the following section completed the appropriate school official.*

Applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_ Cumulative grade point average: \_\_\_\_\_

I certify this data is from a current and official transcript.

School Official’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

School Official’s Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Certification**

All of the information on this form is true and complete to the best of our knowledge. We agree to give proof of the information we have given on this application. We realize that if we do not give proof when asked, the student will not be considered for a scholarship.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*In accepting this scholarship, you must provide verification of attendance at a higher education institution for fall 2025. Please email evidence of full-time enrollment in a college, university, or junior college for fall 2025 to Region 6 Executive Director at [roselockR6@gmail.com](mailto:roselockR6@gmail.com) by September 30, 2025.**

**WAIVER**

I hereby allow the name, school, district, grade, narrative of success attached to this nomination and images of this student to be used by ACSA for recognition and publicity purposes. This may include sharing with the news media, through ACSA’s websites and publications, and through social media channels, including LinkedIn, Facebook, Instagram and X.

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Date: \_\_\_\_\_