

**African American Education  
Archives and History Program  
(AAEAHP)**



**Dr. Alfred L. Roberts, Sr.  
2025 SCHOLARSHIP AWARD APPLICATION**

**Billie Kerl Roberts Music Scholarship**

**Both scholarships Value: \$500-\$3000**



**DEADLINE: February 11, 2025**

# **African American Education Archives and History Program**

## **Dr. Alfred L. Roberts, Sr. Scholarship**

Please place a check mark by your choice.

I am applying for the Alfred L. Roberts Scholarship Program \_\_\_\_\_

I am applying for the Billie Kerl Roberts Choral Music Scholarship \_\_\_\_\_

### **Alfred L. Roberts, Sr. Scholarship Program**

#### **APPLICATION CRITERIA**

The **Dr. Alfred L. Roberts, Sr. Scholarship** will be awarded to Dallas County Public School seniors graduating in good standing in the spring semester of 2025. The students must attend a college or university in the Fall semester of 2025 with plans to **MAJOR IN THE FIELD OF EDUCATION**.

#### **STUDENT ELIGIBILITY REQUIREMENTS:**

- Must be a Dallas County Public School **senior graduating in good standing** in the spring of 2025.
- Have good moral character.
- Must plan to **MAJOR IN THE FIELD OF EDUCATION**.
- Must **enroll and attend** a two- or four-year college or university the Fall semester of 2025.
- Must present **PROOF OF ENROLLMENT** by **September 15, 2025** from the college or university the student will attend in the Fall of 2025. If your scholarship funds are split in two payments the same proof of enrollment will be needed for the second semester by **February 11, 2026**.
- Documentation verifying community service. The documentation must include the number of hours, activity, signature and phone number of the contact person where the community service was done. Note: Only non-paid community service projects performed in the community, church, and/or school will be considered if performed outside of the school and/or church property.
- **All selected recipients are required to attend an interview** with the Scholarship Selection Committee to receive a scholarship.
- **Submit two letters of recommendation** from a teacher, counselor, administrator or pastor.
- **Submit one-two page, typed (12-point font), double-spaced essay** on the following topic: **Why do you want to become a teacher and what qualities do you possess that would assist you to becoming an outstanding teacher? (Explain and elaborate.)**
- High school transcript (**MUST** include the school's seal).
- **Applicant and parent/guardian's signature (printed and signed) on the application.**
- **Please email a 3x5 color photo (in business dress) to complete this application to: [mygcjb1803@att.net](mailto:mygcjb1803@att.net). If a scholarship is awarded, photos may be used in local publicity materials and on website.**

- **Incomplete applications will NOT BE CONSIDERED.**

*Note: Scholarship recipients must be enrolled in a 2 or 4-year college/university of their choice by the Fall term of the 2025-2026 school year. Continuous enrollment is required after receiving the scholarship award. Failure to comply with the above criteria will result in the scholarship award being voided.*

**METHOD OF SELECTION:**

- A. Complete application submissions will be screened by the Scholarship Selection Committee.
- B. The Selection Committee may select applicants who best meet the Eligibility Requirements to interview for consideration.

**METHOD OF DISTRIBUTION:**

- A. The scholarship recipients will be notified on March 6, 2025, and presented scholarship at the Bobbie L. Lang Hall of Fame Luncheon and Induction Ceremony.
- B. Recipients will be awarded the scholarship after submitting Proof of Enrollment from the college or university to Scholarship Committee in the Fall of 2025.

**APPLICATION DEADLINE:**

The completed application package must be received by **Tuesday, February 11, 2025** (postmarked). Applications postmarked after the deadline and/or incomplete packages will be disqualified.

**WHERE TO MAIL APPLICATIONS:**

**AAEAHP  
ATTN: SCHOLARSHIP COMMITTEE  
P. O. BOX 411091  
DALLAS, TX 75241**

**NOTE: ONLY students who ARE SELECTED will be notified. Notification will come by phone and/or U.S. mail no later than **March 6, 2025**.**

**Dr. Alfred L. Roberts, Sr.  
SCHOLARSHIP PROGRAM**

**STUDENT / PARENT CONTACT INFORMATION**

Student's Name \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Home Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Ph. \_\_\_\_\_  
(Printed)

Parent /Guardian Signature \_\_\_\_\_

**EDUCATION INFORMATION**

High School \_\_\_\_\_ District \_\_\_\_\_

Counselor \_\_\_\_\_ Telephone No. \_\_\_\_\_

**EXTRA-CURRICULAR ACTIVITIES**

Extra-Curricular Activities (Include organizations and dates):

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**HONORS AND AWARDS**

Honors and Awards:

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**WORK AND VOLUNTEER EXPERIENCE**

Work and Volunteer Experience (Include dates and positions held and contact person's name and phone number)

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**COLLEGE AND UNIVERSITY INFORMATION**

Identify below the colleges and/or universities for which you have **applied and/or have been accepted for the 2025-2026 School Year:**

Choice #1 \_\_\_\_\_  
Choice #2 \_\_\_\_\_  
Proposed Major \_\_\_\_\_  
Proposed Minor \_\_\_\_\_

*I \_\_\_\_\_ affirm that the information submitted in support of this application is true and correct. I fully understand that it is my responsibility to notify the African American Education Archives and History Program of any changes that may affect my eligibility for this scholarship award. If I receive an award from the African American Education Archives and History Program, scholarship awards will be distributed in two installments. I understand that I am responsible for providing proof of my enrollment to the Scholarship Committee per semester of my freshman year of college. Also, the African American Education Archives and History Program has my permission to publicize that I am a recipient of **the Dr. Alfred L. Roberts, Sr. Scholarship Award.***

\_\_\_\_\_  
Student Name (printed)

\_\_\_\_\_  
Date      Student Signature

# Billie Kerl Roberts Choral Music Scholarship Application

**This scholarship is provided for students that plan to major in education with a concentration in choral music.**

## Application Criteria

1. Graduating high school senior or student enrolled in a college or university pursuing a degree in choral music during Spring of 2025.
2. Grade point average, C+ or better. Submit high school transcript with seal from registrar.
3. Participant in choral music at the high school level for the junior and senior year. College/university student, participant in choral music activities.
4. Recommendation of the choral music teacher(s) in the high school/college or university.
5. Submit an essay of 500 words or more on “**Why I Want to Become A choral Music Teacher**”.
6. **Applicant and parent/guardian’s signature (printed and signed) on the application**
7. Please email a 3X5 color photo (in business attire) to [mygcjb1803@att.net](mailto:mygcjb1803@att.net) by February 11, 2025. **If scholarship is awarded, photos may be used in local publicity materials and on website.**
8. **Recipient must attend an interview** with the Scholarship Selection Committee to receive the scholarship
9. **Applicants must submit verification of enrollment by **September 15, 2025**, for the Fall Semester.** If your scholarship funds are split in two payments, verification of enrollment will be due for the second semester by **February 11, 2026.**
10. **Incomplete applications will NOT BE CONSIDERED.**

## STUDENT / PARENT CONTACT INFORMATION

Student’s Name \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Home Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Ph \_\_\_\_\_

Student Name \_\_\_\_\_ Student Signature \_\_\_\_\_  
(Printed)

Parent /Guardian Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**EDUCATION INFORMATION**

High School \_\_\_\_\_ District \_\_\_\_\_

Counselor \_\_\_\_\_ Telephone No. \_\_\_\_\_

**EXTRA-CURRICULAR ACTIVITIES**

Extra-Curricular Activities (Include organizations and dates):

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**HONORS AND AWARDS**

Honors and Awards:

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**WORK AND VOLUNTEER EXPERIENCE**

Work and Volunteer Experience (Include dates and positions held and contact person's name and phone number)

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## COLLEGE AND UNIVERSITY INFORMATION

Identify below the colleges and/or universities for which you have **applied and/or have been accepted for the 2025-2026 School Year:**

Choice #1 \_\_\_\_\_

Choice #2 \_\_\_\_\_

Proposed Major \_\_\_\_\_

Proposed Minor \_\_\_\_\_

*I \_\_\_\_\_ affirm that the information submitted in support of this application is true and correct. I fully understand that it is my responsibility to notify the African American Education Archives and History Program of any changes that may affect my eligibility for this scholarship award. If I receive an award from the African American Education Archives and History Program, scholarship awards will be distributed in one two installments. I understand that I am responsible for providing proof of my enrollment to the Scholarship Committee per semester of my freshman year of college. Also, the African American Education Archives and History Program has my permission to publicize that I am a recipient of **the Billie Kerl Roberts, Choral Music Scholarship Award.***

\_\_\_\_\_  
Student Name (printed)

\_\_\_\_\_  
Student Signature

Application must be returned and postmarked on or before **Tuesday, February 11, 2025** to:

**AAEAHP  
ATTN: SCHOLARSHIP COMMITTEE  
P. O. BOX 411091  
DALLAS, TX 75241**

**NOTE: ONLY students who ARE SELECTED will be notified. Notification will come by phone and/or U.S. mail no later than **March 6, 2025.****