

# THE MARTIN LUTHER KING, JR. CELEBRATION COMMITTEE SCHOLARSHIP

## STUDENT APPLICATION

### AWARD

- \$1,000.00 (One Time)

### ELIGIBILITY REQUIREMENTS/CRITERIA for SELECTION

- Must be a student graduating from one of the St. Johns County high schools.
- Must be accepted as a full-time student at any 2 or 4 year accredited college or university in the United States.
- Minimum GPA of 2.5
- Students must be a US citizen
- Student must have earned a minimum of 45 community service hours

### REQUIRED DOCUMENTS TO BE SUBMITTED

Please submit the following with your completed application:

- Current academic official transcript.
- Copy of acceptance letter from accredited college/university you plan to attend.
- Three letters of recommendation.
- Written essay describing yourself, your career goals and your plans for the future (no more than 2 pages; double-spaced; typed).

#### **Application Packet Checklist (NO STAPLES PLEASE)**

Have you included?

Essay  Transcript  College Letter of Acceptance  Signed and Completed Application   
Three Recommendation Letters

**Submit application packet to:**

**MLK CELEBRATION COMMITTEE  
PO Box 1586  
St. Augustine, FL 32085-4428**

**POSTMARKED DEADLINE: March 31**



**THE MARTIN LUTHER KING, JR. CELEBRATION COMMITTEE SCHOLARSHIP**

**ACADEMIC PROFILE**

Cum. GPA: \_\_\_\_\_ SAT scores: \_\_\_\_\_ M \_\_\_\_\_ V \_\_\_\_\_ Writing \_\_\_\_\_ ACT score: \_\_\_\_\_

Community Service hours: \_\_\_\_\_

List any honors, awards or recognition received with dates:

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

List organizational memberships and offices held with dates:

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

Please list extra-curricular and community activities and indicate the year(s) of participation:

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

Please list any scholarships and other financial assistance you have received or expect to receive for college:

Type	Duration	Amount
_____	_____	_____
_____	_____	_____

The information provided in this application will be disclosed only to the Martin Luther King, Jr. Celebration Committee as required to determine your eligibility for award. The information will be available only to qualified people who need to see it in the course of their duties.

I hereby certify that the information provided in this application is to the best of my knowledge, true and correct. I have not knowingly withheld any facts or circumstances that could otherwise jeopardize consideration of this application.

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