

PLEASE TYPE OR PRINT CLEARLY

Name: _____

Last

First

Middle

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

E-mail: _____ SSN: _____ Date of Birth: _____

Are You? Asian Black Hispanic White Male Female Handicapped/Disabled Economically Disadvantaged

Are You A U.S. Citizen? _____ A Permanent Resident? _____ Alien Registration #: _____

Current GPA: _____ SAT: _____ ACT: _____ (2.5 GPA required to qualify)

High School Name: _____ Expected Graduation Date: _____

Address: _____

Institution You Plan To Attend: _____

List Colleges/Universities/Technical Schools to which you have applied or are considering: _____

List all financial aid and scholarships applied for/and those awarded: _____

Do you have a relative employed by Hillsborough County, City of Tampa Government or the Sheriff's Office? Yes No

If Yes, Relative's Name: _____ Relationship: _____

Place of Employment: _____ Phone: (____) _____

List Extra Curricular Activities: i.e. Community Involvement, School, Church, Civic Clubs, Groups or Organizations in which you participate and offices held:

ATTACH TO APPLICATION: Please note incomplete applications will be disqualified!

- _____ 1. Verification of GPA/Official High School Transcript (**Required**)
- _____ 2. Two Letters of Recommendation (**Required**)
- _____ 3. An Essay of 200 – 400 words describing how this scholarship will enable you to share in keeping Dr. King's ideas and dream alive (**Required**)
- _____ 4. Proof of Household Income* for the past 12 Months (**Submit ONLY if applying under special needs category**)
- _____ 5. Statement of Disabling Condition* (**Submit ONLY if applying under special needs category for a disability**)

*(Federal Income Tax Return; Recent Pay Stubs; Social Security Administration Award Letter)

I certify that the information contained in this application is true and if selected I will provide a nonreturnable wallet size photo that may be used by the scholarship committee to help promote the program at any time and I will attend the recognition event and other functions as deemed necessary as a representative of this award.

Applicant's Signature: _____ Date: _____

THE DR. MARTIN LUTHER KING JR. MEMORIAL SCHOLARSHIP APPLICATION



Sponsored by these local government employees:

❖ Hillsborough County

The Dr. Martin Luther King, Jr. Memorial Scholarship Fund was initiated by the employees of Hillsborough County Government in 1988. The effort provided financial grants to individuals for use in the pursuit of their educational goals. In 1992, the City of Tampa joined the effort.

The Memorial Scholarship Fund is supported by payroll deductions from county and city employees and tax deductible contributions from individuals, groups and corporate sponsorships.

Applicant must currently be a senior in high school.

❖ City of Tampa

The Dr. Martin Luther King, Jr. Memorial Scholarship Fund provides scholarships to residents of Hillsborough County without regards to race, age, creed or gender.

Scholarships are not renewable. Only one application can be submitted per person. All recipients will be required to perform **50** hours of Community Service for a "Non-Profit Organization." The application deadline is **by March 1st, 2014**. Winners will be notified via mail.

Scholarships will be awarded based on academic achievement, financial need, and community

(Turn Over)

❖ Sheriff's Office

service. Applications will be reviewed and rated by a scholarship selection committee.

HOW TO APPLY:

Complete the application form on the back; attach the required documents and **MAIL TO: The Scholarship Selection Committee** P.O. Box 173041, Tampa, FL 33672-0041 or **HAND DELIVER TO: Antonia Barber @ Lee Davis Neighborhood Service Center** located at 3402 N. 22nd St. Must be post-marked by **March 1st, 2014**.

IF YOU HAVE QUESTIONS:

Please call: (813) 272-5220 x 220
or (813) 276-3434
or (813) 274-8439.