The Reverend Dr. Martin Luther King Jr. Scholarship
Guidelines for Prospective Applicants

Source of Scholarships

The Reverend Dr. Martin Luther King (MLK) Jr. Community Breakfast Committee awards MLK Scholarships through contributions from National Grid, the Annual MLK Golf Tournament, the MLK Community Breakfast, community donors and Quinsigamond Community College.

The Committee will award scholarships for the academic year beginning September 2019. Scholarships in the amount of $500.00 to $2000.00 will be awarded to the winning applicants.

Criteria for Eligibility

Any resident of Worcester and the contiguous communities, (Auburn, Boylston, Grafton, Holden, Leicester, Millbury, Paxton, Shrewsbury, and West Boylston), is eligible to apply regardless of race or ethnic origin.

Eligible Use of Scholarships

The scholarships are to be used by individuals pursuing post-secondary education at an accredited college or vocational trade school anywhere in the United States.

How to Apply

Applications are available at all area public, parochial and private high schools. For additional information, please contact Mrs. Selina Boria at Quinsigamond Community College at (508) 854-4368 or Mr. Larry Schuyler, at (508) 523-7205. Applications must be received by the MLK Scholarship Committee on or before the deadline. INCOMPLETE OR ILLEGIBLE APPLICATIONS MAY BE DISQUALIFIED.

Important Dates

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>April 5, 2019</td>
<td>Due date for applications</td>
</tr>
<tr>
<td>April 16-19, 2019</td>
<td>Scholarship finalists interviewed (tentative dates)</td>
</tr>
<tr>
<td>April 26, 2019</td>
<td>Scholarship winners announced (tentative date)</td>
</tr>
<tr>
<td>August 2019</td>
<td>Scholarship checks mailed to recipients</td>
</tr>
<tr>
<td>January 20, 2020</td>
<td>Formal recognition of scholarship winners at the annual</td>
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<tr>
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<td>Rev. Dr. Martin Luther King Jr. Community Breakfast</td>
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Send completed applications to:

The Reverend Dr. Martin Luther King Jr. Scholarship Program
c/o Mrs. Selina Boria, Executive Assistant to the President
Quinsigamond Community College
670 West Boylston Street
Worcester, MA 01606
1. Name of Applicant: ___________________________ Tel. No.: (____) - ______

2. Address: __________________________________________ Cell Phone No.: (____) - ______
   City: ___________________________ State: __________ Zip Code: __________

3. Date of Birth: ______________________________________

4. School currently attending: ______________________________________

5. Grade or Year: ___________________________ Email: ___________________________
   (example: 12th grade, freshman, 1st year graduate student)

6. Mother’s Name & Address: ______________________________________
   ______________________________________
   Occupation: ___________________________

   Father’s Name & Address: ______________________________________
   ______________________________________
   Occupation: ___________________________

7. Number of children in family/dependents: __________________________

8. Check if applicant is independent and financially self-supporting □

9. Applicant’s Occupation: ___________________________

10. Marital Status: Single □ Married □ Number of Dependents

11. Spouse’s Occupation: ___________________________

12. Describe any paid jobs held after school and/or during vacations.
   ______________________________________
   ______________________________________
   ______________________________________

*These questions are asked to give the Scholarship Committee a general idea of the applicant's individual financial resources.
13. Describe your school activities (include extra-curricular activities and any offices held.)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

14. List and describe any honors or awards achieved:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

15. List colleges/schools to which you have been accepted:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Name the college of your choice: ____________________________________________

If you are selected to receive a scholarship, a letter of acceptance must be submitted to the MLK, Jr. Committee.

16. List the sources and amounts of other scholarships for which you have applied. Indicate source and amount of any assistance already granted.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

17. Please discuss your career goal or your interest in your chosen field of study.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
18. Select an issue from the following current events that is important to you. In your own words write a 250 word essay explaining why it is important to you. Please include some background for the issue. **Please answer on a separate sheet**

1. climate change
2. recent municipal election
3. gun control/mass murders
4. homelessness
5. what time should the high school day begin

**REQUIRED SUPPORTIVE INFORMATION:**

A. Official transcript of high school grades, or copy of grades up to the current semester of course work.

B. Copy of SAT/ACT scores. (Mandatory)

C. Two letters of reference from adults not related to applicant. High School students should have one letter from a school principal, teacher or guidance counselor. One letter should be from someone in the community. All references may be verified.

D. It is the APPLICANT'S RESPONSIBILITY to make sure that all documentation is submitted as a complete package on or before **April 5, 2019.**

<table>
<thead>
<tr>
<th>Date</th>
<th>Signature of Parent or Guardian</th>
<th>Date</th>
<th>Signature of Applicant</th>
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The information submitted on and as part of this application is declared to be true and accurate.

Note: If the allocated space is inadequate for any of your answers, you may use the back of the page.
Letter of Reference Form
Rev. Dr. Martin Luther King, Jr. Scholarship Application

DUE DATE: APRIL 5, 2019

1. Name of applicant: ________________________________________________________________

2. Name of person providing reference: _______________________________________________
   Address: __________________________________________________________________________
   City: __________________________ State: ______ Zip Code: __________
   Tel. __________________________

3. Please describe the capacity in which you know the applicant and any note-worthy achievements of the applicant:

4. How would you describe the applicant's character?
   (Please address traits such as conscientiousness, consideration and concern for others, commitment, follow-through, and personal values).
5. In your opinion why should the applicant receive the Rev. Dr. Martin Luther King, Jr. scholarship?

6. Other comments:

Complete applications, including reference forms must be submitted by April 5, 2019. Without your reference letters the application will be judged incomplete and thereby disqualified.
(This application may be reproduced)

Please Return Reference Form to:
Rev. Dr. Martin Luther King, Jr. Scholarship Committee
c/o Mrs. Selina Boria, Executive Assistant to the President
Quinsigamond Community College
670 West Boylston Street
Worcester, MA 01606

NOTE: You may use the back of this page if additional space is needed. Please do not use additional pages.
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   Address:_____________________________________________________________________
   City: ____________________________State: _____Zip Code: ____________
   Tel. ____________________________

3. Please describe the capacity in which you know the applicant and any note-worthy achievements of the applicant:

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   (Please address traits such as conscientiousness, consideration and concern for others, commitment, follow-through, and personal values).
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