

**100**

**BLACK MEN**  
OF JACKSONVILLE, INC.

**2017-28 1ST YEAR SCHOLARSHIP**

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**SUPPORTING INFORMATION**

The following required information must be mailed by the person furnishing this information, under separate cover, directly to:

**100 Black Men of Jacksonville, Inc., P.O. Box 2065, Jacksonville, Florida 32203**

All information received will be held strictly confidential and will be kept for the Scholarship Committee's use only.

1. Confidential Form No. 1 from minister, doctor, or close friend of the family having knowledge of family's financial situation.
2. Confidential Form No. 2 from counselor, dean, principal, or person acting in this capacity in high school. Must include Rank in Class which shows total number of graduates, and Grade Point Average utilizing grades in all subjects taken (including physical education) in grades 9, 10, 11, and the first semester of 12.
3. Confidential Form No. 3 from employer or other person outside of school who will recommend applicant for scholarship.
4. A complete transcript of the applicant's educational history from grade 9 to and including the first semester of grade 12. Also accompanying this transcript should be college entrance exams scores (SAT, ACT, PERT).

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**BLACK MEN**  
OF JACKSONVILLE, INC.

**THE 100 BLACK MEN OF JACKSONVILLE, INC.  
SCHOLARSHIP AWARD PROGRAM**

**CONFIDENTIAL FORM – 1**

To be completed by either: 1) Minister 2) Doctor 3) Close friend (having knowledge of family's financial situation). Circle one.

RE: \_\_\_\_\_  
Applicant

Concerning the above named applicant, please furnish whatever information you have which might be useful to the scholarship Committee. The Committee would appreciate brief, specific comments on such matters as the following:

The nature and extent of your acquaintance with the applicant, your impression of his or her character and personality, and any knowledge you may have of his or her family's financial circumstances.

Signed \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Date \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Please send directly to:

**100 BLACK MEN OF JACKSONVILLE, INC., P.O. Box 2065, Jacksonville, FL. 32203  
Postmarked not later than midnight, March 31st.**

**100**  
**BLACK MEN**  
OF JACKSONVILLE, INC.

**100 BLACK MEN OF JACKSONVILLE, INC.  
SCHOLARSHIP AWARD PROGRAM**

**CONFIDENTIAL FORM – 2**

To be completed by counselor, dean, principal  
or person acting in this capacity at high school.

RE: \_\_\_\_\_  
Applicant

Concerning the above-named applicant, please furnish whatever information you have which might be useful to the scholarship Committee. The Committee would appreciate brief, specific comments on such matters as the following:

The nature and extent of your acquaintance with the applicant, your impression of his or her character and personality, and any knowledge you may have of his or her family's financial circumstances.

G.P.A. \_\_\_\_\_ Rank in class \_\_\_\_\_ out of \_\_\_\_\_ (total graduates)  
Utilizing grades in all subjects, including physical education, taken in grades 9th, 10th, 11th, and the first semester of 12th.

Signed \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Date \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Please send directly to:

**100 HUNDRED BLACK MEN OF JACKSONVILLE, INC., P.O. Box 2065, Jacksonville, FL. 32203**  
**Postmarked not later than midnight, March 31st.**

**100**

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**BLACK MEN**  
OF JACKSONVILLE, INC.

**100**  

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**BLACK MEN**  
OF JACKSONVILLE, INC.

**THE 100 BLACK MEN OF JACKSONVILLE, INC.  
SCHOLARSHIP AWARD PROGRAM**

**CONFIDENTIAL FORM – 3**

To be completed by recent employer or acquaintance who will recommend applicant for scholarship.

RE: \_\_\_\_\_  
Applicant

Concerning the above-named applicant, please furnish whatever information you have which might be useful to the Scholarship Committee. The Committee would appreciate brief, specific comments on such matters as the following:

The nature and extent of your acquaintance with the applicant, your impression of his or her character and personality, and any knowledge you may have of his or her family's financial circumstances, and your estimate of his or her attainments and promise as a student.

Signed \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Date \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Please send directly to:

**100 BLACK MEN OF JACKSONVILLE, INC., P.O. Box 2065, Jacksonville, FL. 32203**  
**Postmarked not later than midnight, March 31st.**