



Application must be returned
post-marked by Mar 31st.

1st Year Scholarship Application

Date _____ 20_____

I. GENERAL INFORMATION

Name _____
Last First Middle

Residence Address _____
Number & Street City & State

Date of Birth _____ Place of Birth _____

Do you live with parents? _____ or with relatives? _____ Home Phone () _____

Number of brothers _____ ages _____ sisters _____ ages _____

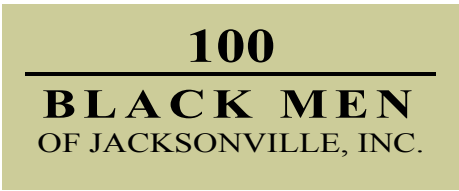
Father Or Legal Guardian Name _____ Age _____
Address _____
Occupation _____ Work Phone () _____
Member of _____
Name & Number of J100 Chapter (if applicable)

Mother Or Legal Guardian Name _____
Address _____
Occupation _____ Work Phone () _____

Contact information: Cell number: _____ Email address: _____

All requested information MUST be furnished completely. Failure to supply any part of the requested information including a copy of the previous year's Tax Form voids application from consideration. Applications and other required information must be postmarked no later than midnight, Mar 31st, and returned to:

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



II. EDUCATION AND TRAINING TO DATE

High School Date of Graduation

What school or college do you plan to attend this coming year? List 1st, 2nd, 3rd Choices.

Proposed major:

Describe briefly your plans and your future vocational or professional objectives. Give any information that you feel will be helpful to the committee in assessing your situation and your need for financial assistance.

III. SCHOOL ACTIVITIES

Honors and Awards (list all scholarships or grants received, grades 9-12).

Offices held in class or school clubs, organizations, etc.

Non-school activities (e.g. church participation, hobbies, special talents, community services, etc.)

Scholarships or Grants (other than 100 Black Men of Jacksonville, Inc.)
From: (agency/organization, etc.) Amount

IV. WORK EXPERIENCE

Describe your work experience (part-time, full-time, and/or vocation jobs).

V. PARENT'S CONFIDENTIAL STATEMENT OF FINANCIAL RESOURCES
(Must be accompanied by a copy of previous year's Tax Form)

1. Enter father and mother's total yearly wages before deductions. \$ _____

2. Enter father and mother's total yearly income from other sources. \$ _____

Total \$ _____

Please list below any special circumstances (i.e., outstanding medical/dental obligations, dependents not covered on Tax Forms, etc.) which may preclude parent's/guardian's ability to provide for college education. (Attach additional sheets if necessary)

INCLUDE PHOTOGRAPH OF APPLICANT

A recent black & white photograph of
Applicant (not a snapshot) for publicity purposes

Must be head and shoulder
at least 2" x 2 1/2".



VI.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 Board scores (SAT, ACT, etc.).

VII.CERTIFICATION

I hereby make application for one of the 100 Black Men of Jacksonville, Inc., Scholarships and submit the above information to assist the Scholarship Committee in evaluating my candidacy, and certify that:

- 1. All the information submitted in this application is true and correct;
- 2. I will use any funds received from the J100 only for the propose of paying expenses for my college education;
- 3. I will notify the J100 immediately if there should be any interruption in my plans for continuing my education this coming year.

Signed _____ Applicant

Return all correspondence to:
100 Black Men of Jacksonville, Inc., P.O. Box 2065, Jacksonville, Florida 32203

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

CONFIDENTIAL FORM – 1

To be completed by either: 1) Minister, 2) Doctor, or close friend (having knowledge of family’s financial situation). Circle one.

100

BLACK MEN
OF JACKSONVILLE, INC.

RE: _____
Applicant

Concerning the 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, Mar 31st.

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.

100
BLACK MEN
OF JACKSONVILLE, INC.

RE: _____
Applicant

Concerning the 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, Mar 31st.

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.

100

BLACK MEN
OF JACKSONVILLE, INC.

RE: _____
Applicant

Concerning the 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, Mar 31st.