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

1st Year Scholarship Application

# Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_\_

## 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, March 31st, and returned to:

**Scholarship Committee**

**100 Black Men of Jacksonville, Inc.**

**P.O. Box 2065**

**Jacksonville, Florida 32203**

###### 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.

#### 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**

##### WORK EXPERIENCE

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

######  PARENT’S CONFIDENTIAL DECLARATION OF FINANCIAL NEED

**(Must be accompanied by copy of current FAFSA EFC STATEMENT)**

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”.

###### 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**

**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).

###### THE 100 BLACK MEN OF JACKSONVILLE, INC. CONFIDENTIAL FORM – 1

###### SCHOLARSHIP AWARD PROGRAM

To be completed by someone having knowledge of family’s financial situation either

(circle one): 1) Minister 2) Doctor 3) Close friend

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

Applicant Name

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.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Contact Phone#: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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. CONFIDENTIAL FORM – 2

###### SCHOLARSHIP AWARD PROGRAM

To be completed by

(circle one) 1) Counselor 2) Dean 3) Principal

or person acting in this capacity at high school.

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

Applicant Name

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.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Contact Phone#: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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.**

**THE 100 BLACK MEN OF JACKSONVILLE, INC. ONFIDENTIAL FORM – 3**

###### SCHOLARSHIP AWARD PROGRAM

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

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

Applicant Name

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. Use the back of this form if needed.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Contact Phone#: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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.**