

PLEASE TYPE OR PRINT LEGIBLY

Name: _____
(Last) (First) (Middle)

Address: _____

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

E-mail: _____ Date of Birth: _____

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

Are You A U.S. Citizen? _____ A Permanent Resident? _____ If Not: Alien Registration #: _____

Current GPA: _____ SAT: _____ ACT: _____ *(Minimum GPA of 2.5 to be eligible)

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/or awarded: _____

Do you have family 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). You may use a separate sheet if needed.

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED

SUBMISSION REQUIREMENTS:

- _____ 1. Verification of **GPA** - Official Academic Transcript from current High School (**Required**)
- _____ 2. Two (2) Letters of Recommendation from non-relatives (**Required**)
- _____ 3. An **800** word minimum; 1000 word maximum **Essay** 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 or low income**
*Proof may include copies of 2015/2016 Federal Tax Return, Bank Statements, Pay Stubs or Award Letters showing SSI-SSD-VA-Pension, etc
- _____ 5. Statement of Disabling Condition*
*Submit **ONLY** if applying under special needs category for a disability
*Proof may include: a Physician's Statement or Disability Award Letter

I certify that the information contained in this application is true and correct. If selected I will attend the recognition event and other functions as deemed necessary as a representative of this award and provide a non-returnable wallet size photo to be used by the scholarship committee at its discretion.

Applicant's Signature: _____ Date: _____

THE DR. MARTIN LUTHER KING JR. MEMORIAL SCHOLARSHIP APPLICATION



Keeping The Dream Alive

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, city and sheriff's 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 **high school students and residents of Hillsborough County** without regards to race, age, disability, creed or gender. **Scholarships are not renewable.** Only one application may be submitted per person. The recipients who are awarded a scholarship will be **required** to perform a minimum of **25** hours of Community Service with a Non-Profit Organization within **8** months after the scholarship is awarded. **THE APPLICATION DEADLINE IS MARCH 1, 2017.** Winners will be notified via electronic or US postal mail.

Scholarships will be awarded based on submission requirements.

❖ Sheriff's Office

Applications will be reviewed and rated by a Scholarship Selection Committee.

HOW TO APPLY:

Complete the Application Form on the back; submit the required documents and **MAIL TO: THE SCHOLARSHIP SELECTION COMMITTEE** - P.O. Box 173041, Tampa, FL 33672-0041.

THE COMPLETE PACKAGE must be postmarked by **MARCH 1, 2017**

QUESTIONS OR COMMENTS?

PLEASE CALL:

(813) 466-0034 A. Barber
(813) 274-8439 V. Walker
(813) 294-2763 J. London

(Turn Over)

(REVISED 10/14)