



Pennsylvania Legislative Black Caucus Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES.

Completeness and neatness ensures your application will be reviewed properly

Application postmark deadline April 22, 2017
(only the first 250 applications received will be processed)

**APPLICANT
DATA**

Last Name _____ First _____ Middle Initial _____

Permanent Home _____

Mailing Address _____ Apartment # _____

City _____ State _____ ZIP Code _____

Telephone (____) _____ - _____ Email Address _____

Social Security _____

Number _____ - _____ Date of Birth: Month ____ Day ____ Year ____

Indicate your ethnicity (Required)

American Indian/Alaska Native Black/African American Multi-Racial Native Hawaiian/Pacific Islander

Asian Hispanic/Latino Other _____

Please indicate your gender (For statistical purposes only) Male Female Other

**PARENT(S)
OR
GUARDIAN(S)
INFORMATION**

(Parent #1)

Last Name _____ First _____ Middle Initial _____

Address _____

Relationship to Applicant _____ Occupation _____

**Gross Annual
Income**

(W-2 Required) _____ Email Address _____

Fax Number: _____ Telephone (____) _____

(Parent #2)

Last Name _____ First _____ Middle Initial _____

Address _____

Relationship to Applicant _____ Occupation _____

**Gross Annual
Income**

(W-2 Required) _____ Email Address _____

Fax Number (____) _____ Telephone (____) _____

HIGH SCHOOL DATA

School Name _____ High School Graduation Date: Month _____ Year _____
 Street _____ City _____ State _____ PA _____ ZIP Code _____
 Telephone (____) _____ - _____ Fax Number (____) _____ - _____

COLLEGE/ UNIVERSITY DATA

School Name _____ College Graduation Date: Month _____ Year _____
 Street _____ City _____ State _____ Zip Code _____
 Telephone _____ Fax _____ Email _____

4yr College or University 2yr Community or Junior College Other _____

Year in school next year: _____ Expected Major or Course of Study _____

Degree Sought: Bachelor Associate Other _____

Student will: Live on Campus Live off campus Commute from home/online

WORK EXPERIENCE

Describe your work experience during the **past four years** (e.g., student food server, babysitting, lawn mowing, and office work). Indicate dates of employment for each job and approximate **number of hours worked** each week.

Employer/Position	From – Mo/Yr	To - Mo/Yr	Hours per Week	Were you paid for your work?
				YES/NO
				YES/NO
				YES/NO
				YES/NO

EXTRA CURRICULAR ACTIVITIES

List any notable extracurricular activities in which you have participated during the past four years (e.g., student government, sports, clubs, church, Greek organizations, etc.) List all community services activities in which you have participated without pay during the past four years (e.g., Boy/Girl Scouts, youth groups, homeless shelter.)

Activity	No. of Years Partic.	Office Held/Special Recognition	Activity	No. of Years Partic.	Office Held/Special Recognition

ADMISSION

List the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

AWARDS

Name of Award:

School to which award will be applied:

Amount:

Check One:

_____	_____	_____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	_____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	_____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	_____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	_____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	_____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending

ESSAY

What course of study do you intend to pursue? How do you intend on utilizing your degree(s) upon graduation?

QUESTION (250 words)

#1

ESSAY QUESTION #2 What do you admire most about your State representative, and how does he or she inspire you to complete your goals? **(250 words)**

APPLICANT APPRAISAL **To the Applicant:** This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school counselor or advisor, an instructor, or a work supervisor who knows you well.

(REQUIRED) **To the Appraiser:** You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendations does not replace this section.

The applicant's choice of postsecondary education program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> Not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicants commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> Not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> Not well
The applicant demonstrates good problem-solving skills, follows through, and completes task	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> Not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments:

Appraiser's Name _____ Title _____ Telephone _____

Signature _____ Organization _____ Date _____

TRANSCRIPT

INFORMATION An official or approved unofficial transcript of grades **must** be sent with this application. Grade reports are not acceptable.

(REQUIRED) All applicants must include a high school transcript of grades and have this section completed by the appropriate school official.

		Cumulative Grade Point Average			SAT			ACT				
Applicants Rank		Weighted:		/4.0 scale	Critical Reading	Math	Writing	English	Math	Reading	Science	Composite
In a class of		Unweighted:		/4.0 scale								

School Official's

Signature _____ Date _____ Title _____ Telephone () - _____

APPLICATION CHECKLIST

Student is responsible for submitting all material to the Pennsylvania Legislative Black Caucus on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application with Completed Applicant Appraisal
- Copies of applicable W-2 Forms
- Copies of applicable Child Support Orders
- Copy of Resume
- At least two (2) letters of recommendation/support
(One of which must be from a faculty member of your present or former school)
- Two (2) 250 word essays
- An official or approved unofficial transcript
(Including Grading Scale)
- FASFA EFC (Expected Family Contribution)
- Current Colored Headshot of Applicant

All Materials, including transcripts and letters, must be addressed to:

Pennsylvania Legislative Black Caucus

Pennsylvania Legislative Black Caucus Scholarship Program
327 Irvis Office Building
Harrisburg, PA 17120

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CERTIFICATION

The Pennsylvania Legislative Black Caucus has the sole responsibility for selecting recipients based on criteria as set forth in the program’s description. This application becomes the property of the Pennsylvania Legislative Black Caucus. (It is recommended you keep a copy for your files.)

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information. Falsification may result in termination of any award granted.

Applicant’s Signature _____ **Date** _____

Parent’s Signature _____ **Date** _____
