



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 May 10, 2019
(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 _____

Date of Birth: Month _____ Day _____ Year _____

Indicate your ethnicity (Required)

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

Telephone (_____) Email Address _____

(Parent #2)

Last Name _____ First _____ Middle Initial _____

Address _____

Relationship to applicant _____ Occupation _____

Telephone (_____) Email Address _____

HIGH SCHOOL DATA

School Name _____ High School Graduation Date: Month _____ Year _____
 Street _____ City _____, PA Zip Code _____
 Telephone () _____ Fax () _____
 Email Address _____

COLLEGE/ UNIVERSITY DATA

School Name _____ High School Graduation Date: Month _____ Year _____
 Street _____ City _____, PA Zip Code _____
 Telephone () _____ Fax () _____
 Email Address _____

4-Year College or University 2-Year 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, baby sitting, 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 service activities in which you have participated without pay during the past four years (e.g., Boy/Girl Scouts, youth groups, homeless shelter volunteer).

Activity	# of Years	Office Held/Special Recognition	Activity	# of Years	Office Held/Special Recognition
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**ESSAY
QUESTION
#2**

How will your professional career of choice support people of color?
(150 words) Please type and attach to application.

**APPLICANT
APPRAISAL
(REQUIRED)**

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 know you well.

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 recommendation does not replace this section.*

- The applicant's choice of postsecondary education program is: extremely appropriate very appropriate moderately appropriate inappropriate
- The applicant's achievements reflect his/her ability: extremely well very well moderately well not well
- The applicant's ability to set realistic and attainable goals is: excellent good fair poor
- The quality of the applicant's commitment to school and/or community is: extremely well very well moderately well not well
- The applicant demonstrates curiosity and initiative: extremely well very well moderately well not well
- The applicant demonstrates good problem-solving skills, follows through and completes tasks: extremely well very well moderately well not well
- The applicant's respect for self and others is: excellent good fair poor

Comments: _____

Appraiser's Name _____ Title _____ Telephone _____

Signature _____ Organization _____ Date _____

TRANSCRIPT INFORMATION (REQUIRED)

An official or approved unofficial transcript of grades **must** be sent with this application. Grade reports are not acceptable. 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				
Applicant's Rank		Weighted:		/4.0 scale	Critical Reading	Math	Writing	English	Math	Reading	Science	Composite
In a class of		Un-weighted:		/4.0 scale								

School Official's Name _____ Title _____

Signature _____ Date _____ 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
- 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) essays. One 500-word essay and one short answer essay question
- An official or approved unofficial transcript
(Including Grading Scale)
- Current color head shot of applicant

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 _____

All materials, including transcripts and letters, must be postmarked by the May 10, 2019 deadline and addressed to:

Pennsylvania Legislative Black Caucus
 Pennsylvania Legislative Black Caucus Scholarship Program
 327 Irvis Office Building, Harrisburg, PA 17120
 Email: plbc@pahouse.net