

The Dr. Wilanna K. Robinson Scholarship

APPLICATION

SCHOLARSHIP APPLICATION DATES:

- **January 1, 2020 (available) – February 29, 2020 (deadline)**
- Submit completed application and documents to: application@wkrobinsonscholarship.com
- Download application and save. Complete application, then upload as an attachment to above email address
- Website www.wkrobinsonscholarship.com

SCHOLARSHIP CRITERIA

- Currently enrolled in an accredited U.S. High School as a High School Senior
- Current and active member of a faith-based institution
- Three references to include: faith based, school, and community/personal
- Accepted for enrollment in a licensed/accredited educational institute (*College, University, Bible Institutes, Seminaries, and Vocational Schools*)
- Minimum GPA of 3.0. a 4.0 scale; must submit official transcript showing 1st card marking of 12th grade semester
- Must be a U.S. Citizen
- Active community involvement
- Submit an essay with application (minimum 500 words) on how applicant intends to use their education to benefit their community.
- Submit completed scholarship application
- Awardee must be present at the annual Scholarship / Awards Presentation to receive award on April 26, 2020
- College admission verification will be required at time of fund disbursement to school by October 1, 2020

APPLICANT INFORMATION						
Last Name		First		M.I.	DOB	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone			E-mail Address			
U.S. Citizen	Yes	No				
PROPOSED POST SECONDARY EDUCATION SCHOOL(S) NAME(S) and Addresses			Funds will be disbursed to school of verified enrollment.			
1.						
2.						
3.						
4.						
EDUCATION						
High School Name			High School Address and Phone Number			
School Personnel Name , Title and Phone Number						

Attendance Dates From		To		Graduation Date		Current Overall G.P.A	
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REFERENCES

Community Service Reference

Full Name			
Address		Phone	
Email Address			

Faith Based Reference

Full Name			
Address		Phone	
Email Address			

High School Reference

Full Name			
Address		Phone	
Email Address			

FAITH BASED AFFILIATION

Institution Name			
Address		Phone	

Contact Person Name and Number			
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Membership Dates			
Membership Dates	From	To	

Please list and describe your faith based institution involvement

1.			

2.			

COMMUNITY SERVICE INVOLVEMENT

Organization Name			
Address		Phone	

Contact Person Name and Number	
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Participation Dates	From	To
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Please describe your community service involvement. Attach additional pages if necessary.

COMMUNITY SERVICE INVOLVEMENT

Organization Name	
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Address	Phone
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Contact Person Name and Number	
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Participation Dates	From	To
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Please describe your community service involvement. Attach additional pages if necessary.

COMMUNITY SERVICE INVOLVEMENT

Organization Name	
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Address	Phone
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Contact Person Name and Number	
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Participation Dates	From	To
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Please describe your community service involvement. Attach additional pages if necessary.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to award, I understand that false or misleading information in my application may result in termination of funds. If applicant does not provide paperwork to receive scholarship by 10/1/20, the award will be rescinded.

Signature or E-Signature	Date
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