

The Dr. Wilanna K. Robinson Scholarship

APPLICATION

SCHOLARSHIP APPLICATION DATES:

- **January 22, 2021 (available) – February 28, 2021 (deadline)**
- Submit completed application and essay to: application@wkrobinsonscholarship.com
- Official transcripts must be submitted to: Greater Missionary Enrichment Center – 5511 E. 7 Mile Road, P.O. Box 34721, Detroit, MI 48234. **(PLEASE NOTE: transcripts must have 12th grade card marking). Must be postmarked no later than February 28, 2021.**
- 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. on a 4.0 scale and submit most recent official transcript
- 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.
- College admission verification will be required at time of fund disbursement to school by October 1, 2021

| 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 | | | | | | |
| Current 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 | |
|-----------------------|--|----|--|-----------------|--|-----------------------|--|

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 :
Number

Membership Dates

Membership From To
Dates

Please list and describe your faith based institution involvement

1.

2.

COMMUNITY SERVICE INVOLVEMENT

Organization Name

Address

Phone

| | |
|--------------------------------|--|
| Contact Person Name and Number | |
|--------------------------------|--|

| | | |
|---------------------|------|----|
| Participation Dates | From | To |
|---------------------|------|----|

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|---|---------------------------------------|
| Please describe your community service involvement. | Attach additional pages if necessary. |
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COMMUNITY SERVICE INVOLVEMENT

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| 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. |
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COMMUNITY SERVICE INVOLVEMENT

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| 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. |
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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 10/1/21, the award will be rescinded.

| | |
|--------------------------|------|
| Signature or E-Signature | Date |
|--------------------------|------|