

The Dr. Wilanna K. Robinson Scholarship

APPLICATION

SCHOLARSHIP APPLICATION DATES:

- February 1, 2024 (available) – February 29, 2024 (deadline)
- Submit completed application and essay to: application@wkrobinsonscholarship.com
- Official transcripts must be submitted to: Greater Missionary Enrichment Center – Attention: Scholarship Committee – 2533 Carpenter, Detroit, MI 48212. **(PLEASE NOTE: transcripts must have 12th grade card marking).** Must be postmarked no later than February 29, 2024. Official parchment transcripts are acceptable and must be emailed 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. on a 4.0 scale and submit most recent official transcript
- Must be a U.S. Citizen **and** resident of the State of Michigan
- Active community involvement
- Submit an essay with application (minimum 500 words) on how applicant intends to use their education to benefit their community.
- Awardee must be present at the annual Scholarship / Awards Presentation to receive award on April 7, 2024
- College admission verification will be required at time of fund disbursement to school by August 31, 2024

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	
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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

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.
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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.
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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.
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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 10/1/23, the award will be rescinded.

Signature or E-Signature	Date
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