

REVEREND DR. MARTIN LUTHER KING, JR.



2025 Scholarship Application Packet

Martin Luther King, Jr. Celebration for Florida Inc. is a 501 (c) 3 Not-for Profit Organization

Mailing Address

MLK Scholarship Committee
Post Office Box 11453
Daytona Beach, Florida 32120

Questions: info@mlkdaytonabeach.com

APPLICATIONS MUST BE RECEIVED OR POSTMAKED BY DECEMBER 2, 2024

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OVERVIEW

The Martin Luther King, Jr. Celebration for Florida Scholarship Committee will be awarding a total of five (5) scholarships. The two types are listed below:

1. DR. MARTIN LUTHER KING JR: (*Cumulative High School GPA of 3.0 or greater*)

Scholarships will be awarded for a minimum **\$1,000.00** to honor the life and legacy of the late Reverend Dr. Martin Luther King, Jr. The purpose of this award is to assist recipients with expenses while attending a postsecondary institution.

2. TRAYVON MARTIN: (*Cumulative high school GPA of 2.5 - 2.9*)

Scholarships will be awarded for a minimum of **\$1,000.00**. The loss of Trayvon Martin's life was a horrific wake up call to us all. The purpose of the award is to assist the recipients with expenses to attend a college or a career and technical school.

The scholarship committee will review all application information and rank applicants based on the attached criteria. Recipients will be notified of awards by phone and mail no later than January 06, 2025.

NOTE: AWARDING OF SCHOLARSHIPS IS THE SOLE DISCRETION OF THE SCHOLARSHIP COMMITTEE. SCHOLARSHIP APPLICANTS MUST MEET ALL CRITERIA TO RECEIVE THE AWARD. INDIVIDUAL STUDENTS CAN ONLY RECEIVE ONE SCHOLARSHIP AND AWARDS ARE NON-TRANSFERABLE.

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Scholarship Requirements

1. Volusia County high school graduate
2. Dr. Martin Luther King Jr. Scholarship-Cumulative High School GPA of 3.0 or greater
3. Treyvon Martin Scholarship- Cumulative High School GPA of 2.5-2.9
4. Official High School transcript (in a sealed envelope)
5. Completion of a 400–500-word essay, typed in a 12-point font based on ONE of the topics below.

TOPIC 1: *What does your preferred future look like? In addition, how will it make a positive impact to society?*

TOPIC 2: *Discuss how Dr. King's message of unity and goodwill can be applied to healing divisions in modern communities, whether racial, political, or social.*

TOPIC 3: *Does your vote matter? Yes or No, please explain.*

6. Three (3) **separate letters** of recommendations from **non-family members**, which encompass
 - a. Verification of your role in **community activities** outside of school projects.
 - b. Describe/list involvement in **extra-curricular activities in school**.
 - c. **Teacher recommendation** of why you should receive this award.

ALL letters must be on official letterhead. Please clearly identify on each letter whether it is community, extra-curricular or teacher recommendation (you may write this on the top right on each letter). If the committee is unable to determine the letter type, the letter or letters will not be considered.

7. Photo Release Form signed by a parent or guardian.
8. Acceptance and enrollment verification on university/college letterhead at an accredited institution of higher education for the fall 2025 semester. These documents should be submitted as soon as they are available.

Recipients of the Scholarship must also:

9. Attend the MLK Banquet- January 12, 2025 – Daytona Hard Rock Hotel
10. Attend Community Church Service- January 19, 2025-(location TBD)
11. Attend the MLK Breakfast, Celebratory March and Festival - January 20, 2025 (location TBD)
12. Write a Thank You Letter to their presenting Sponsors
13. Participate in a day of service project. TBD
14. Participate in *community service, volunteering a minimum of 15 hours. Hours must be served and completed between **February 1st and July 13th 2025.**

***Event, Service Projects and Community Services requirements may be subject change. Recipient's community service hours cannot be served with school or an organization that the Recipient is already serving in or member of.**

Scholarship Application

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**Incomplete Applications will not be processed*

Which Scholarship are you applying for: Dr. Martin Luther King Jr. Treyvon Martin

Please select one

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Gender: Male Female

Telephone Number: _____ Email Address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

U.S. Citizen: Yes No Volusia County Resident: Yes No

Current High School: _____ Cumulative GPA: _____

Expected high school graduation date: _____

Have you applied to a College/University: Yes No if yes, have you been accepted: Yes No

College/University you wish to attend _____ Career Goal: _____

Parent/Guardian Name(s): _____

Parent(s) Telephone Number: _____/_____

Parent Email: _____/_____

Application Agreement

It is understood that false statements on this application shall be sufficient cause for application rejection. I, _____ certify that all information on this application is accurate to the best of my knowledge. I also, understand that if I am awarded this scholarship, I must submit the following information, or the scholarship will be forfeited:

- **Verification of Community Service hours completed between February 1st and July 13th, 2025**
- **2025 acceptance letter from my college, university or technical school**
- **Fall 2025 class schedule**

I, _____ authorize the MLK Committee to share my information with scholarship sponsors.

Student Signature: _____ Parent/Guardian: _____

Photo Release Authorization Form

As a scholarship recipient, The MLK Celebration for Florida, Inc. Committee will be taking photos of students, student activities, etc. The committee reserves the right to use these photos for news releases, the website, sponsorships, program-related video and slide presentations, marketing purposes, etc.

We feel that these are legitimate opportunities for students to be in the “limelight” and promote the opportunities of scholarships provided within the community.

Yes, I grant permission to use my child’s photo for the purposes listed above.

No, do not use my student’s photo.

Student’s Name (print): _____

Parent’s Signature _____ Date _____