



Franklin County Dr. Martin Luther King, Jr. Birthday Advisory Board, Inc.

2025 SCHOLARSHIP APPLICATION

PURPOSE

To award a \$500 scholarship to a deserving senior who graduates from Franklin County High School and plans to enroll in a college, university or vocational school of their.

*****To ensure the recipient commits to furthering their academic education, this scholarship will be disbursed the second semester.***

ELIGIBILITY REQUIREMENTS

Applying students must:

- ❖ Have a 2.5 minimum cumulative GPA.
- ❖ Provide evidence of enrollment as a full-time student at a college, university, or vocational school the upcoming Fall Semester
- ❖ Submit a completed application which includes:
 - 3 Letters of Recommendation
 - 1 from non-family community member
 - 2 from non-family school employees
 - GPA Verification
 - a 1-2 page, **double-spaced, typed** essay, font size 12-14 that gives the following information:
 - personal background
 - education and career goals
 - how this scholarship will help you pursue those goals
 - what efforts you plan to make in order to carry out Dr. King's dream

APPLICATION PROCESS

1. Type or print neatly all information, being sure to answer all questions.
2. Spelling, grammar and neatness will count.
3. Place entire application in a sealed envelope.
4. Return the completed application packet to the high school guidance counselor no later than Thursday, April 17, 2025.

NOTIFICATION

A member of the Dr. Martin Luther King, Jr. Advisory Board will announce the scholarship recipient at the FCS Senior Recognition Night and present the awardee with a certificate and an award letter.

DISBURSEMENT

The funds will be disbursed during the second semester, being forwarded to the recipient's college, university, or vocational school after the Dr. Martin Luther King, Jr. Advisory Board has received an official copy of the second semester schedule. This document must be submitted to the advisory board within the first month of the second semester. If funds are not needed to pay tuition and other such fees, funds will be placed in the students' account at the school, only after the closing of the drop/add period for the second semester.

FORFEITURE

The recipients shall forfeit their scholarship if they:

- Fail to show proof of attendance to a post-secondary institute
- Do not provide proof of attendance within the first month timeframe

RECOMMENDATION RUBRIC-1

****This Recommendation Rubric is to be completed by a FCS school faculty or staff member. **Must not be a family member.***

Applicant's Name _____

This Rubric submitted by:

Your Name _____

Title/Position at the school _____

How do you know this applicant? _____

How long have you known this applicant? _____

<i>Criteria</i>	<i>Rating</i>			
	<i>(place a ✓ in the appropriate column)</i>			
	Outstanding	Good	Fair	Unable to Judge
Responsibility/Reliability				
Initiative				
Ability to work with others				
Leadership				
Poise/Self-Confidence				
Personal Appearance				
Attitude				

Please provide additional comments:

Signature _____

Date _____

RECOMMENDATION RUBRIC-2

****This Recommendation Rubric is to be completed by a FCS school faculty or staff member. **Must not be a family member.***

Applicant's Name _____

This Rubric submitted by:

Your Name _____

Title/Position at the school _____

How do you know this applicant? _____

How long have you known this applicant? _____

<i>Criteria</i>	<i>Rating</i>			
	<i>(place a ✓ in the appropriate column)</i>			
	Outstanding	Good	Fair	Unable to Judge
Responsibility/Reliability				
Initiative				
Ability to work with others				
Leadership				
Poise/Self-Confidence				
Personal Appearance				
Attitude				

Please provide additional comments:

Signature _____

Date _____

RECOMMENDATION RUBRIC-3

****This Recommendation Rubric is to be completed by someone from the community. **Must not be a family member or anyone affiliated with the school.***

Applicant's Name _____

This Rubric submitted by:

Your Name _____

How do you know this applicant? _____

How long have you known this applicant? _____

<i>Criteria</i>	<i>Rating</i>			
	<i>(place a ✓ in the appropriate column)</i>			
	Outstanding	Good	Fair	Unable to Judge
Responsibility/Reliability				
Initiative				
Ability to work with others				
Leadership				
Poise/Self-Confidence				
Personal Appearance				
Attitude				

Please provide additional comments:

Signature _____

Date _____

GPA VERIFICATION

***This section must be completed by the school's Guidance Counselor.*

Applicant's Name (print) _____

Cumulative GPA (please indicate weighted or unweighted) _____

Guidance Counselor Certification

I certify the above information to be true and accurate according to the transcript on record for the student listed above.

Print Name _____

Signature _____

Date _____

APPLICATION CHECKLIST

Please check that you have completed all parts of this application. *(Application will not be considered if any of the items listed are omitted from the submitted packet.)*

- _____ Application
- _____ Essay
- _____ Recommendation Rubrics (3)
- _____ GPA Verification

STUDENT CERTIFICATION

I have read and understand the conditions of this application. The information contained in this application is true, complete and accurate.

Applicant's Printed Name _____

Applicant's Signature _____

Date _____