



***William E. McKnight Scholarship Fund***  
**Open to all ULR Black scholars regardless of field of study**  
**DEADLINE: 2nd Friday in April**

The law firm of Nixon Hargrave, Devans & Doyle, now Nixon Peabody LLP, established the William E. McKnight Scholarship fund at Rochester Area Community Foundation in 1986 as a memorial to Mr. McKnight, the law firm's first African American partner, who died at the age of 36.

**PROCESS:** Applications will be received and screened by the Urban League of Rochester Black Scholars Program. The Urban League representative will send recommended applicants to the review committee. Select applicants will be invited to participate in the interview process. The award will be announced and presented at the annual Salute to Black Scholars Recognition Ceremony in June.

Applicants must complete the attached application form and return it with the required documentation listed on the first page of the application. Transcripts and reference letters should be sent directly from the high school or reference. All other relevant application materials should be sent to:

**Timothy Johnson, Program Coordinator**  
**Urban League of Rochester Black Scholars Program/McKnight Scholarship**  
**265 North Clinton Avenue**  
**Rochester, NY 14605**  
**(585) 325-6530 Ext: 3068**  
**timothy.johnson@ulr.org**

**AMOUNT:** Award amount varies; average award is \$2,000

*This award may be renewable three times for a total of four awards over four consecutive years.*

**APPLICATION CHECKLIST:**

- \_\_\_\_\_ Completed application.
- \_\_\_\_\_ Attached copy of parent(s) or guardian(s) federal income tax return.
- \_\_\_\_\_ Attached copy of three college letters of acceptance.
- \_\_\_\_\_ Attached FAFSA/SAR Report.
- \_\_\_\_\_ Attached Financial Aid Award letter(s).
- \_\_\_\_\_ Requested transcript from high school.
- \_\_\_\_\_ Requested three (3) letters of recommendation.

You should include expenses for your top three college choices using the form attached. If acceptance letters are not available, note this on the application and submit the balance of the application by the deadline. We will continue to require the acceptance letters, please submit them as they become available.

**BE SURE TO:**

- Submit the completed application, signed and **received by 2nd Friday in April**.
- Request **three** (3) letters of recommendation (application pages 7, 8, and 9).
- Attach **Proof of Acceptance** into a higher learning institute (*this proof must be received before applicant can be considered for an interview*).

**Applications must be received by the 2nd Friday of April . No extension will be granted for late applications.**

# WILLIAM MCKNIGHT SCHOLARSHIP

**Include with this application:**

1. List of expenses for top three (3) schools (page 3).
2. Activities, awards, and employment (page 4).
3. Personal statement (page 5).
4. List of three (3) recommendation (page 6).
5. Copy of letter of acceptance from top three schools (*must be received before consideration for interview*).
6. Financial award letter from the college.
7. SAR report derived from FAFSA application.
8. Copy of parent(s) or guardian(s) federal income tax return.
9. Copy of your high school transcript (or a note explaining that it will be sent directly to the Urban League).

**Submit your application to:** Timothy Johnson, Urban League of Rochester Black Scholars Program,  
265 North Clinton Avenue, Rochester, NY 14605, c/o McKnight Scholarship

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Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Gender  MALE  FEMALE

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Name of High School: \_\_\_\_\_ Cum. GPA \_\_\_\_\_ Class Standing: \_\_\_\_\_ of \_\_\_\_\_

High School Address: \_\_\_\_\_ SAT SCORES: Verbal \_\_\_\_\_

Math \_\_\_\_\_ Writing \_\_\_\_\_

Counselor's Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Name of Intended College: \_\_\_\_\_ Major: \_\_\_\_\_

College Address: \_\_\_\_\_

\_\_\_\_\_

# WILLIAM MCKNIGHT SCHOLARSHIP

## Expenses and Contributions

(for top three schools in order of preference)

School #1: \_\_\_\_\_

	Estimated Expenses		Estimated Resources
SCHOOL TUITION	_____	FINANCIAL AID (TAP, Regents, etc)	_____
FEES	_____	FAMILY CONTRIBUTIONS	_____
ROOM AND BOARD	_____	SCHOLARSHIPS/AWARDS	_____
BOOKS/SUPPLIES	_____	TOTAL of all LOANS (attach list)	_____
*OTHER: _____ (please explain)	_____	*OTHER: _____ (please explain)	_____
<b>TOTAL</b>	_____	<b>TOTAL</b>	_____

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School #2: \_\_\_\_\_

	Estimated Expenses		Estimated Resources
SCHOOL TUITION	_____	FINANCIAL AID (TAP, Regents, etc)	_____
FEES	_____	FAMILY CONTRIBUTIONS	_____
ROOM AND BOARD	_____	SCHOLARSHIPS/AWARDS	_____
BOOKS/SUPPLIES	_____	TOTAL of all LOANS (attach list)	_____
*OTHER: _____ (please explain)	_____	*OTHER: _____ (please explain)	_____
<b>TOTAL</b>	_____	<b>TOTAL</b>	_____

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School #3: \_\_\_\_\_

	Estimated Expenses		Estimated Resources
SCHOOL TUITION	_____	FINANCIAL AID (TAP, Regents, etc)	_____
FEES	_____	FAMILY CONTRIBUTIONS	_____
ROOM AND BOARD	_____	SCHOLARSHIPS/AWARDS	_____
BOOKS/SUPPLIES	_____	TOTAL of all LOANS (attach list)	_____
*OTHER: _____ (please explain)	_____	*OTHER: _____ (please explain)	_____
<b>TOTAL</b>	_____	<b>TOTAL</b>	_____

# WILLIAM MCKNIGHT SCHOLARSHIP

## Applicant Activities

Applicant's Name: \_\_\_\_\_

**Instructions:** In the space below or on a separate sheet, please describe your employment, school and community related extra-curricular activities in which you have been involved. Also, list any awards you have won for these activities or for academic achievement (you can add a resume with your activities, community services, and honors received. **If you submitted your recommendation letters for the Black Scholars Portal Application, please indicate in the text box below.**

# WILLIAM MCKNIGHT SCHOLARSHIP

## Applicant Statement

Applicant's Name: \_\_\_\_\_

**Instructions:** In the space below or on a separate sheet, write a short essay describing your background including you career goals and objectives and other qualifications for being awarded this scholarship.

## WILLIAM MCKNIGHT SCHOLARSHIP

Applicant's Name: \_\_\_\_\_

**Instructions:** List three references below and give each reference one of the attached Recommendation Forms (pages 8, 9 and 10). The reference will submit the completed recommendation for to the Urban League separate from your application. References may include individuals such as a teacher, counselor or high school advisor, employer, volunteer coordinator/supervisor, or other adult that you have worked with during community activities. *References from family members will not be accepted.*

1. NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
E-mail \_\_\_\_\_  
HOW THIS PERSON KNOWS YOU \_\_\_\_\_

2. NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
E-Mail \_\_\_\_\_  
HOW THIS PERSON KNOWS YOU \_\_\_\_\_

3. NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
E-mail \_\_\_\_\_  
HOW THIS PERSON KNOWS YOU \_\_\_\_\_

### Applicant Certification

I certify that the information submitted in this application is true and complete to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

# WILLIAM MCKNIGHT SCHOLARSHIP

## Recommendation Form 1

(teacher, counselor or high school advisor, employer, volunteer coordinator/supervisor,  
or other adult non-family member that you have worked with during community activities)

Applicant Name: \_\_\_\_\_

The applicant named above is applying for the **William E. McKnight Scholarship** which is awarded annually to: "A graduating high school senior from Monroe, Genesee, Livingston, Ontario, Orleans or Wayne County who has been accepted to an accredited four year college who has demonstrated those qualities which were so characteristic of Bill E. McKnight – the capacity for high quality intellectual work and achievement and a depth of understanding and personal insight into people of all background Please take a few minutes to respond. You may attach a separate sheet if necessary. NOTE: Candidate must be honored as an Urban League of Rochester Black Scholar

*This form must be returned by **2nd Friday of April** in order for the student to be considered.*

Please comment briefly on the following points relating to the applicant's qualifications. (If additional space is needed, please use the back of sheet)

Character: (Overall assessment of personality, poise, and moral values)

Scholastic Performance: (Assessment of individual's academic performance, such as grades, attendance, etc.)

Leadership: (Assessment of individual's capability to take on responsibility and command situations when needed)

Signature \_\_\_\_\_ Name of Reference \_\_\_\_\_

Address \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_  
City Zip Phone # \_\_\_\_\_

I have known the applicant for (\_\_\_\_) years as a \_\_\_\_\_ in my capacity as \_\_\_\_\_

RETURN TO: URBAN LEAGUE OF ROCHESTER, N.Y., INC  
BLACK SCHOLARS PROGRAM/MCKNIGHT  
265 NORTH CLINTON AVENUE  
ROCHESTER, NY 14605  
ATTN: TIMOTHY JOHNSON

# WILLIAM MCKNIGHT SCHOLARSHIP

## Recommendation Form 2

(teacher, counselor or high school advisor, employer, volunteer coordinator/supervisor,  
or other adult non-family member that you have worked with during community activities)

Applicant Name: \_\_\_\_\_

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Leadership: (Assessment of individual's capability to take on responsibility and command situations when needed)

Signature \_\_\_\_\_ Name of Reference \_\_\_\_\_

Address \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_  
City Zip

I have known the applicant for (\_\_\_\_) years as a \_\_\_\_\_ in my capacity as \_\_\_\_\_

RETURN TO: URBAN LEAGUE OF ROCHESTER, N.Y., INC  
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ROCHESTER, NY 14605  
ATTN: TIMOTHY JOHNSON

# WILLIAM MCKNIGHT SCHOLARSHIP

## Recommendation Form 3

(teacher, counselor or high school advisor, employer, volunteer coordinator/supervisor,  
or other adult non-family member that you have worked with during community activities)

Applicant Name: \_\_\_\_\_

The applicant named above is applying for the **William E. McKnight Scholarship** which is awarded annually to: "A graduating high school senior from Monroe, Genesee, Livingston, Ontario, Orleans or Wayne County who has been accepted to an accredited four year college who has demonstrated those qualities which were so characteristic of Bill E. McKnight – the capacity for high quality intellectual work and achievement and a depth of understanding and personal insight into people of all background Please take a few minutes to respond. You may attach a separate sheet if necessary. NOTE: Candidate must be honored as an Urban League of Rochester Black Scholar

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Leadership: (Assessment of individual's capability to take on responsibility and command situations when needed)

Signature \_\_\_\_\_ Name of Reference \_\_\_\_\_

Address \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_  
City Zip Phone # \_\_\_\_\_

I have known the applicant for (\_\_\_\_) years as a \_\_\_\_\_ in my capacity as \_\_\_\_\_

RETURN TO: URBAN LEAGUE OF ROCHESTER, N.Y., INC  
BLACK SCHOLARS PROGRAM/MCKNIGHT  
265 NORTH CLINTON AVENUE  
ROCHESTER, NY 14605  
ATTN: TIMOTHY JOHNSON