



**ARIZONA DR. MARTIN LUTHER KING, JR.  
CELEBRATION SCHOLARSHIP COMMITTEE  
2016-2017**

**SCHOLARSHIP APPLICATION  
Applications Postmarked after  
12/29/2016 WILL NOT be  
processed.**

November 01, 2016

ATTENTION: STUDENTS OR ADVISORS

The Dr. Martin Luther King, Jr. Celebration Committee will be awarding scholarships to students who promote the principles of Dr. Martin Luther King, Jr.

**Scholarship Criteria:**

1. Participation in any school, community, or faith based events that promote the principles of Dr. Martin Luther King, Jr.
2. Is a senior in high school or attending an accredited higher learning institution.
3. Maintain a minimum of 6 credit hours.
4. The applicant must have a minimum 2.5 GPA or better.
5. The scholarship award is contingent on acceptance into an accredited institution.
6. Grades for current fall semester 2016 must be emailed in by January 1, 2017 to either contact below.
7. Must have a valid social security number (Proof will be required)

Please have interested students complete the attached application and return to:

**MAILING ADDRESS**  
**Dr. Martin Luther King Jr. SCHOLARSHIP**  
**ATTN: Clara Briggs / Carole Coles Henry**  
**PO Box 8153 - Phoenix, AZ 85066**

Phone and email contact  
(602)516-0357 Clara Briggs email [briggsclara.mlkcontact@gmail.com](mailto:briggsclara.mlkcontact@gmail.com)

**If students change their school choice after 05/30/17 he/she MAY NOT receive a scholarship.**

Revised 11-01-2016

Scholarships are awarded annually in January and applied in the fall of the year awarded.  
Scholarship Committee Founder & Chair Bishop Henry L. Barnwell.

**ARIZONA DR. MARTIN LUTHER KING, Jr.  
CELEBRATION SCHOLARSHIP COMMITTEE  
SCHOLARSHIP PROGRAM APPLICATION**

**MAILING ADDRESS**

**Dr. MARTIN LUTHER KING, Jr. Scholarship  
ATTN: Clara Briggs/ Carole Coles Henry  
PO Box 8153- Phoenix, Arizona 85066**

(602) 516-0357 Clara Briggs email [briggsclara.mlkcontact@gmail.com](mailto:briggsclara.mlkcontact@gmail.com)

**Applications must be returned no later than December 29, 2016  
General Information**

**Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Citizenship:** \_\_\_\_\_  
(Date of Birth) (Social Security)

**Phone/Email:** \_\_\_\_\_  
(Home Ph#) (Cell Ph#) (Must have an E-mail)

**Parents/Guardian:** \_\_\_\_\_  
(Mother) (Father)

**Academic Information**

**Name of High School** \_\_\_\_\_

**Current GPA:** \_\_\_\_\_ **Graduation Date:** \_\_\_\_\_

**Grades-Fall semester 2016 must be sent by January 01, 2017 to either contact listed on cover page.**

**Name of College planning to attend:** \_\_\_\_\_

**Major:** \_\_\_\_\_ **Minor:** \_\_\_\_\_

**Have you attended college: (Yes/No) If yes where:** \_\_\_\_\_  
(Circle one)

**If yes current GPA:** \_\_\_\_\_ **Grades-Fall semester 2016 must be sent by January 01, 2017.**

List honors, special recognition, and awards. (Please Print Clearly) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applications must be returned no later than December 29, 2016.**  
**Family Annual Income**

Less than \$19,999 \_\_\_\_\_ \$20,000-39,000 \_\_\_\_\_ Above\$40,000\_\_\_\_\_

Number of persons living in your home: \_\_\_\_\_

Are you currently working? Yes/No If yes how many hours a week: \_\_\_\_\_

**Briefly describe the financial resources you have to pay for your college education (Gov. Loans, Grants, etc.) Describe how this scholarship would help. (Please Print)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Essay**

**Describe in a 200 word essay your participation in any school or community events or activities that promote the principles of Dr. Martin Luther King, Jr. throughout the past year. Please print clearly or attach the typed essay of your school, community or spiritual events that promote Dr. King's dream**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Letters of References**

**Please attach three letters of references from **the following equivalent sources such as: Your High School, College, University. Someone who can describe your community service. Or a faith based representative.****

Signature of the Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**Applications must be returned no later than December 29, 2016 or will not be processed.**

Questions please email Clara Briggs 602-516-0357 at [briggsclara.mlkcontact@gmail.com](mailto:briggsclara.mlkcontact@gmail.com) .