



**ATTACH WALLET  
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**PLANO COMMUNITY FORUM**  
(Founded 1981)

**DR. MARTIN LUTHER KING, JR.  
SCHOLARSHIP APPLICATION**

**FOR SCHOOL YEAR ENDING 2021**

(PLEASE PRINT)

LAST NAME	FIRST NAME	MIDDLE INITIAL		
HOME ADDRESS	CITY	STATE	ZIP	GENDER
HOME PHONE	DATE OF BIRTH	STUDENT I.D.#		
CELL PHONE	E-MAIL			
PARENT(S)/LEGAL GUARDIAN(S)	ETHNICITY			

**SCHOOL, COMMUNITY, CHURCH AND VOLUNTEER ACTIVITIES:** Please list all activities (and hours) in which you have participated during the past 2 years (junior and senior years). Note whether activity was a one-time event, or an ongoing (weekly) activity when listing total hours.

**SCHOOL ACTIVITIES (DURING JUNIOR AND SENIOR YEARS):**

SCHOOL ACTIVITY	JR	SR	WEEKLY HOURS	AWARDS AND HONORS	LEADERSHIP ROLES/OFFICES HELD

**COMMUNITY/CHURCH/VOLUNTEER/JOB (DURING JUNIOR & SENIOR YEARS):**

ACTIVITY TYPE	JR	SR	WEEKLY HOURS	AWARDS AND HONORS	LEADERSHIP ROLES/OFFICES HELD

**HIGH SCHOOL DATA:**

PRESENT SCHOOL \_\_\_\_\_ GRADE POINT AVERAGE \_\_\_\_\_

**TEACHER/COUNSELOR RECOMMENDATION**

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

**COMMUNITY SERVICE RECOMMENDATION**

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

## FINANCIAL ASSESSMENT :

☐ FINANCIAL ASSISTANCE IS NEEDED TO HELP PAY MY TUITION.  
☐ FINANCIAL ASSISTANCE IS NEEDED FOR BOOKS, LAB FEES, AND MISC. EXPENSES.  
☐ I AM EXPECTING TO RECEIVE A PARTIAL/FULL SCHOLARSHIP.  
☐ I HAVE ADDITIONAL SIBLINGS ATTENDING COLLEGE.

BRIEFLY STATE WHY YOU WOULD LIKE TO BE CONSIDERED FOR THIS SCHOLARSHIP. \_\_\_\_\_

## ESSAY QUESTIONS (PLEASE TYPE)

PLEASE RESPOND TO THE FOLLOWING QUESTIONS USING 250-300 WORDS PER TOPIC:

- (1) WHAT IMPACT HAS DR. MARTIN LUTHER KING, JR. HAD ON YOUR LIFE?
- (2) WHERE DO YOU SEE YOURSELF IN SIX YEARS ACADEMICALLY, PROFESSIONALLY, AND IN THE COMMUNITY?

## PLANNED POST-HIGH SCHOOL DATA

NAME OF COLLEGE/UNIVERSITY YOU WILL ATTEND IN THE FALL:

CITY \_\_\_\_\_ STATE \_\_\_\_\_

☐ 4 YEAR COLLEGE/UNIVERSITY      ☐ 2 YEAR COMMUNITY/JUNIOR COLLEGE  
☐ VOCATIONAL/TECHNICAL SCHOOL      ☐ OTHER \_\_\_\_\_

COLLEGE MAJOR OR TRADE \_\_\_\_\_

By submitting and signing this application, I certify that the information provided is complete and accurate to the best of my knowledge. My parent/guardian and I agree to the use of my picture in PCF media promotions

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

Parent's/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## APPLICATION CHECKLIST

This application for a scholarship becomes complete and valid ONLY when ALL of the following have been enclosed/received:

- ☐ Student Application
- ☐ Essays
- ☐ Official High School Transcript. Application will not be considered without an official transcript.
- ☐ Letters of Recommendations from Teacher/Counselor and Community Service Representative
- ☐ Professional Head Shot of Student (Please attach wallet size photograph).

**Falsification of information will result in termination of any scholarship granted.**

*For more information, contact Barbara Simpkins or Dr. Niyah Griffin at [scholarships@planocf.com](mailto:scholarships@planocf.com).*

*Return completed application postmarked by April 24, 2021 to:*

**Scholarship Committee**  
PLANO COMMUNITY FORUM  
P.O. BOX 860242  
PLANO, TX 75086-0242