CURLS – CARTER
GRADUATE STUDENT
SCHOLARSHIP

Sponsored by the
Missouri Legislative Black Caucus Foundation, Inc.
GRADUATE STUDENT SCHOLARSHIP

This scholarship was named for Missouri Legislative Black Caucus Foundation (MLBCF) Presidents, Senator Phil B. Curls, Sr. and Senator Paula J. Carter. Its purpose is to assist African-American students who are historically under-represented in higher education.

APPLICATION DEADLINE: May 15, 2018

MINIMUM QUALIFICATIONS

- Missouri resident
- Full-time student, currently enrolled at an accredited college or university
- Minimum of 3.0 cumulative GPA

SELECTION CRITERIA FOR SCHOLARSHIPS
Selection is based on academic performance, community service, leadership skills and financial need. Applications from the entire state of Missouri will be considered.

WHEN TO APPLY
Applications must be post-marked no later than May 15, 2018. Late applications will NOT be accepted and incomplete applications will be denied. Before submitting your application, we strongly recommend that you give careful consideration to the application process and its requirements.

PROCEDURE FOR RE-APPLYING
Students in good standing are eligible to receive an MLBCF scholarship for up to four (4) years. Students are required to re-apply each year to receive a scholarship. Priority will be given to previous recipients.
APPLICATION CHECKLIST:

☐ A completed application - certifying that all information provided is true and correct.

☐ Proof of Missouri residency - (Drivers License or State Identification).

☐ Copy of college transcript - (Unofficial transcript will be accepted; however, MLBCF reserves the right to require submission of an Official Transcript, if necessary).

☐ Two (2) current letters of recommendation - from a church/pastor, business person, teacher/principal, counselor, MLBCF member or Missouri legislator. We strongly discourage recommendations from family and peers.

☐ A personal statement that contains a brief biographical profile. It should explain your demonstrated commitment to excellence and any community or civic service. You may include anything additional you feel should be considered in reviewing your application.

☐ Typed narrative of how your education will assist you in achieving your goals (maximum of 200 words please).

*MLBCF reserves the right to request a copy of the Student Aid Report (SAR) from The student FAFSA.

SUCCESSFUL APPLICANTS WILL ALSO BE REQUIRED TO PROVIDE:

- Proof of Enrollment in an accredited college or university (Class schedules or other documents will be accepted as evidence of enrollment)
- A recent photograph suitable for publication
- May be asked to participate in Missouri Legislative Black Caucus Foundation, Inc. activities, if available.

Please return application to:

Missouri Legislative Black Caucus Foundation, Inc.

c/o Representative Gail McCann Beatty
201 West Capitol Ave, Office #204
Jefferson City, Mo 65101-6806

www.mlbcf.com
APPLICATION INFORMATION

Name__________________________________________________________________________________________

Last                      First                      Middle

Current Address__________________________________________________________

Street                          City                          State/Zip

Permanent Address__________________________________________________________

Street                          City                          State/Zip

Email Address__________________________      Social Security #______________________________

Home Phone____________________________    School Phone______________________________

Date of Birth______________________________

If 18 yrs old, are you registered to vote? ________________

Month/Day/Year

Your degree program?__________________________________________________________

Best method of contact:  Cell phone ______________  Text message _______________  Email ____________

Are you a previous scholarship recipient? ________________________________________________________

Parent/Guardian Information

(1) Parent /Guardian(s) Name__________________________________________________________

Last                                     First          Middle

(2) Parent /Guardian(s) Name__________________________________________________________

Last                                     First          Middle

Address (if different)__________________________

Street                          City                          State/Zip

(1) Occupation________________________            (2) Occupation____________________________

Home Phone_________________________             Number of Children in Family ________________

Work Phone____________________________

Are there other children in your family in college? If so, how many _____________________________

Combined family income (Include child support & Social Security)_______________________________

Education

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Notes: If date of completion is pending, please indicate the expected date to graduate____________
## Employment Experience

List previous and current employment experience.

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## Activities

List past and present outside activity(s) or organization(s) you have been affiliated with, if any.

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This application is for the ____________________________ Academic Year.

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**PLEASE READ CAREFULLY AND SIGN BELOW:**

I hereby certify that all information in this application is true and accurate to the best of my knowledge. I am aware that any misrepresentation may result in the disqualification of my application. I also attest that I am not an immediate relative of any Missouri Legislative Black Caucus Foundation member or Missouri state legislator; and further, if I am chosen as a scholarship recipient, I will use the funds only for expenses related to my education.

Signature: ___________________________________________ Date: ______________