LUCILE BLUFORD
JOURNALISM STUDENT
SCHOLARSHIP

Sponsored by the
Missouri Legislative Black Caucus Foundation, Inc.
This scholarship was named for Lucile Bluford, a famous journalist and opponent of segregation in America's education system. Ms. Bluford applied to the Master of Journalism program at the renowned Missouri School of Journalism in Columbia, Missouri and was accepted. However, during the ensuing enrollment process, she was dismissed because of her race. In 1989 the University of Missouri awarded her an honorary degree which she accepted, “not only for myself, but for the thousands of black students” who had faced discrimination. Applicants must be a declared Journalism major.

**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
- Declared Journalism as major

**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.*

**APPLICATION CHECKLIST:**
- A completed application - certifying that all information provided is true and correct.
- Picture ID - Proof of Missouri residency (Drivers License or State Identification).
- College transcript (Unofficial transcript will be accepted; however, MLBCF reserves the right to require submission of an Official Transcript, if necessary).
- Two (2) 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).
- A writing sample.

*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)
- May be asked to participate in Missouri Legislative Black Caucus Foundation, Inc. activities, if available.
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.

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

This application is for the ___________________________ Academic Year.

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: ______________

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