

**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](http://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

Dates To/From	Institution	Address	Date of Completion	G.P.A
	High School			
	College			

**Notes:** If date of completion is pending, please indicate the expected date to graduate \_\_\_\_\_

# Employment Experience

List previous and current employment experience.

Employer	Contact Person	Phone
Address	City	State/Zip
Employer	Contact Person	Phone
Address	City	State/Zip

## 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.

### 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: \_\_\_\_\_