MARION COUNTY'S
DR. MARTIN LUTHER KING COMMEMORATIVE SCHOLARSHIP

TO: High School Students

FROM: Marion County's Dr. Martin Luther King Commemorative Commission

RE: Martin Luther King, Jr., Scholarship

DATE: February 15, 2024

The Marion County's Dr. Martin Luther King Jr. Committee is pleased to announce that applications for the 2024 scholarships are now available to high school seniors.

The MLK Committee realizes the priority of academic excellence and feels it is the obligation of our committee to reaffirm the dream of the late Dr. Martin Luther King Jr., by awarding a high school senior male or female who is achieving academically. We also feel that we must continue to foster the aura of excellence.

To be considered for the Dr. Martin Luther King Jr. Scholarship, you must be a high school senior who is a resident of Marion County and attending a private or public school in Marion County. Please complete and submit the application along with the required supporting documents and meet all deadlines.

Sincerely,

Shirley J. Wright

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Scholarship Chairperson

GUIDELINES FOR SCHOLARSHIP APPLICATION:

(State of Florida Colleges/Universities only)

1. MUST COMPLETE AND **MAIL application** to 2313 NW 24th Road Ocala Florida 34475. **ALL APPLICATIONS MUST BE RECEIVED AND POSTMARKED BEFORE March 31, 2024**. (Applications postmarked after this date **will not** be accepted)

2. AN OFFICIAL TRANSCRIPT (SEALED) MUST ACCOMPANY THE APPLICATION.

3. YOU MUST HAVE APPLIED TO AND BEEN ACCEPTED TO A COLLEGE OR UNIVERSITY TO RECEIVE YOUR FINAL SCHOLARSHIP.

4. BEFORE AN AWARD IS GIVEN YOU MUST HAVE A COPY OF YOUR CLASSES FROM THE REGISTRAR'S OFFICE

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MARION COUNTY'S DR. MARTIN LUTHER KING COMMEMORATIVE COMMISSION
2313 NW 24TH ROAD
OCALA, FL 34475-4813
TELEPHONE: (352) 732-0097

MARION COUNTY'S DR. MARTIN LUTHER KING COMMEMORATIVE COMMISSION SCHOLARSHIP APPLICATION

(MINIMUM 2.75 GPA)

Name: _____

Street Address: _____

City, State: _____Zip Code _____

Telephone: ( ) _____ Date of Birth: _____

Email Address_____

Mother's
Name _____Occupation _____

Father's
Name_____Occupation_____

Live with Both Parents ___**YES**__**NO** Number of Siblings: __At Home ___In College

Name of High School (**Vanguard, Forest etc.**) _____
Current GPA_____

Rank in Class: _____ of _____ or TOP _____ %

Name of College
Planned: _____

Have you been accepted at the college listed above? _____

List honors you have
Received: _____

_____

_____

List extra curricular activities (i.e., student activities, clubs, etc. you have participated):

Church Affiliation and Involvement:

Community/Volunteer Service and Total Hours: (list separate sheet if necessary)

HAVE YOU ATTENDED ANY MARION COUNTY'S DR. MARTIN LUTHER KING, JR ACTIVITIES?

YES_____ NO_____ (Please list)

_____

_____

STATEMENT OF GOALS: On a separate sheet please state the reasons why you should be the recipient of The Dr. MARTIN LUTHER KING JR., COMMEMORATIVE COMMISSION scholarship as related to your educational and career goals. **Attach an additional sheet if necessary.**

References: Letter from each must accompany the application)

NAME ADDRESS TELEPHONE

NAME ADDRESS TELEPHONE

All information contained on or with this scholarship application is correct to the best of my knowledge.

_____ _____

Applicant's Signature Certifying Accuracy Parent(s) Signature

Guidance Dept.: I certify the Weighted GPA is correct.

_____

Signature of Counselor