



Please follow the instructions very carefully and send to the below address. These steps must be completed no later than **Sat, February 29, 2020** to be considered for the scholarship.

1. All scholarship applications must be submitted by certified mail.
2. All scholarship application must be received by the deadline of **Sat, February 29, 2020**. All and any applications received after this deadline will be ineligible for consideration. There will not be any exceptions.
3. All scholarships must be submitted with all completed information i.e. official copy of high school transcripts with minimum cumulative score of 3.5, copy of minimum ACT score of 22 or higher, student essay, and high school counselor's and/or teachers' letter of recommendations. Any application received with any component missing, the application will be ineligible for consideration. All students will be notified in writing if their application is ineligible for consideration. There will not be any exceptions.
4. African-American high school seniors must be a resident of Rutherford County and attend a Rutherford County School to be eligible for consideration.
5. All students who submit their completed application and have all the minimum requirements will be notified in writing of their consideration as a scholarship finalist.

The Scholarship Award criteria are as follows:

- Resident of Rutherford County Tennessee and attend a Rutherford County High School
- African American (U.S. Citizen)
- High School graduate entering college in the fall of **2020**
- Accepted for enrollment in an accredited four-year college or university
- The student must attend the mandatory Honors Award Informational Meeting AND the Honors Award Banquet
  - If an emergency should arise, the board of directors must be notified at least 24 hours prior to the Honors Award Banquet

Applications should be mailed to:

**Dr. Martin Luther King, Jr. Scholarship Fund of Rutherford County, Inc.**  
**P.O. Box 331382**  
**Murfreesboro, TN 37133-1382**

For information contact David Sellers at dsell86@gmail.com.

**Student Application Form**  
**The Dr. Martin Luther King, Jr. Scholarship Fund**

Please supply a complete answer to each item.

Student Name: \_\_\_\_\_

Middle

Social Security #: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/year)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ email: \_\_\_\_\_

High School: \_\_\_\_\_

Major Academic areas of interest: \_\_\_\_\_

Student college of choice: \_\_\_\_\_

**Describe briefly your participation in academic activities; both in and out of school (include athletics, band, clubs, and organizations, debates, theater; church, offices held, etc.):**

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**Describe briefly your participation in non-academic activities:**

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**Honors received (both in and out of school):**

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**Major accomplishments in your area of primary academic interest:**

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**On a separate sheet, attach your remarks of 300 words or less explaining why you feel you deserve this scholarship.**

**I certify that all information contained herein is true and correct.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**School Nomination Form**  
**The Dr. Martin Luther King, Jr. Scholarship Fund**

**(To be completed by principal/guidance counselor)**

**Please supply a complete answer to each item.**

**Name of nominee:**

Student Name: \_\_\_\_\_  
Last First Middle

Circle One: Male Female

High School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The nominee named above is presently enrolled in the \_\_\_\_\_ grade, is expected to graduate (month, year) \_\_\_\_\_, and stands (class rank) \_\_\_\_\_ from the top of in a class of \_\_\_\_\_.

**Please attach a high school transcript which includes the first semester of the senior year.**

Teacher's recommendation: (Please comment on the personality and maturity of the student and mention physical or emotional problems, if any. Evaluate the student's desire to succeed in college studies and activities. Finally, include any other comments which may be helpful to the selection committee.) (Please use back of sheet if needed.)

Name and position of person completing this form: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name of teacher submitting recommendation: \_\_\_\_\_

**Parent or Family Data Form**  
**The Dr. Martin Luther King, Jr. Scholarship Fund**

Parent Information:

Father, Stepfather, or Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Mother, Stepmother, or Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Names and ages of parents; dependents:

Name and age: \_\_\_\_\_

Name and age: \_\_\_\_\_

Name and age: \_\_\_\_\_

Name and age: \_\_\_\_\_

Name and age: \_\_\_\_\_

Name and age: \_\_\_\_\_

Number of persons living at home: \_\_\_\_\_ Number employed: \_\_\_\_\_

Number in public school: \_\_\_\_\_ private school: \_\_\_\_\_ college: \_\_\_\_\_

Parents' Income as stated on **2019** Income Tax Return: \$ \_\_\_\_\_

Student's Income as stated on **2019** Income Tax Return: \$ \_\_\_\_\_

Income available to meet educational expenses: \_\_\_\_\_

Parental support: \_\_\_\_\_

Veterans benefits/ War Orphans benefits: \_\_\_\_\_

Scholarship or grants received (name sources): \_\_\_\_\_

Please circle **Yes** or **No** to the following request – *The Scholarship Fund may share the student's application with the Financial Aid Office at Middle Tennessee State University if additional monies are made available for students attending Middle Tennessee State University.*

If there are any unusual circumstances that seriously affect your family's financial situation, please explain on the back of this sheet.