



SCHOLARSHIP APPLICATION

THE MARTIN LUTHER KING, JR., MEMORIAL SCHOLARSHIP COMMITTEE NORTHWEST ALABAMA CHAPTER
POST OFFICE BOX 2645 - MUSCLE SHOALS, ALABAMA 35662-2645

REV. CHARLIE R. BURGESS, SR., PRESIDENT 256.446.9698 OR 256.627.2944
REV. JAMES BARNETT, VICE-PRESIDENT 256.766.8698 OR 256.627.8270
REV. LARRY BONNER, SECRETARY 256.383.9938 OR 256.366.1698

I. PERSONAL INFORMATION:

DATE: _____

APPLICANT'S FULL NAME: _____ DOB: _____

HIGH SCHOOL: _____ PRINCIPAL: _____

COUNSELOR: _____ PHONE#: _____

FATHER: _____ MOTHER: _____

CURRENT ADDRESS: _____ CURRENT ADDRESS: _____

PHONE: HOME _____ MOBILE _____ PHONE: HOME _____ MOBILE _____

II: FAMILY INFORMATION:

III. ANNUAL FAMILY INCOME:

IN FAMILY OR HOUSEHOLD _____

BELOW \$10,000 _____

ADULT(S) _____ CHILDREN _____

\$10,000 - \$19,999 _____

CHILD OF A SINGLE PARENT _____

\$20,000 - \$29,999 _____

YES _____ NO _____

\$30,000 - \$39,999 _____

\$40,000 - \$49,000 _____

\$50,000 - ABOVE _____

IV. SCHOLASTIC INFORMATION (OFFICIAL TRANSCRIPT REQUIRED)

ACT SCORE _____ SAT _____ ACCUMULATED GPA _____ DIPLOMA TYPE _____

V. TWO LETTERS OF RECOMMENDATION FROM ANY OF THE FOLLOWING SOURCES, ON OFFICIAL LETTERHEAD:

PRINCIPAL - TEACHER - PASTOR - GUIDANCE COUNSELOR - COMMUNITY LEADER - EMPLOYER

VI. SEPARATE SHEET LISTING EXTRACURRICULAR ACTIVITIES AND COMMUNITY INVOLVEMENT, ETC.

VII. SCHOLARSHIP CHOICES (PLEASE RANK ACCORDING TO PREFERENCE ... 1ST 2ND 3RD) D

Table with 3 columns: Scholarship Name, Amount, and Availability. Includes University of North Alabama, Howell Heflin (UNA Scholarship), Northwest Shoals Community College, MLK, Jr. Memorial Scholarship, and The Burgess Family Scholarship.

DR. DERRICK & MYESHA BURGESS

MR. & MRS. THOMAS BURGESS

WHICH ACCREDITED COLLEGE(S) HAS ADMITTED OR ENROLLED YOU? _____

WHERE DO YOU PLAN TO ATTEND? _____ DESIRED MAJOR: _____

COLLEGE/UNIVERSITY LOCATION DATE OF ENROLLMENT

WHAT OTHER SCHOLARSHIPS HAVE YOU BEEN AWARDED? _____

NOTE: ALL INFORMATION SUBMITTED SHALL BE TRUE, WITHOUT THE INTENT TO MISLEAD THE REVIEWERS, AND WILL BE VERIFIED. PLEASE NOTIFY THE COMMITTEE IF THERE ARE CHANGES. PLEASE SUBMIT A WALLET SIZED PHOTO, OFFICIAL TRANSCRIPT AND A COPY OF THE ACT SCORE WITH THE APPLICATION TO THE ADDRESS ABOVE BY ANNUAL DEADLINE OF MARCH 15.

*REVISED 11/15/2017