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PLANO COMMUNITY FORUM
(Founded 1981)

DR. MARTIN LUTHER KING, JR.
SCHOLARSHIP APPLICATION

FOR SCHOOL YEAR ENDING 2024
Scholarships awarded up to \$2,500

(PLEASE PRINT)

FIRST NAME MIDDLE INITIAL HOME ADDRESS CITY STATE ZIP GENDER HOME PHONE DATE OF
LAST NAME

BIRTH STUDENT I.D.# CELL PHONE E-MAIL

PARENT(S)/LEGAL GUARDIAN(S) ETHNICITY

SCHOOL, COMMUNITY, CHURCH AND VOLUNTEER ACTIVITIES: Please list all activities (**and hours**) in which you have participated during the past **2 years** (junior and senior years). Note whether activity was a one-time event, or an ongoing (weekly) activity when listing total hours.

SCHOOL ACTIVITIES (DURING JUNIOR AND SENIOR YEARS):

<i>SCHOOL ACTIVITY</i>	<i>JR</i>	<i>SR</i>	<i>WEEKLY HOURS</i>	<i>AWARDS AND HONORS</i>	<i>LEADERSHIP ROLES/OFFICES HELD</i>

COMMUNITY/CHURCH/VOLUNTEER/JOB (DURING JUNIOR & SENIOR YEARS):

<i>ACTIVITY TYPE</i>	<i>JR</i>	<i>SR</i>	<i>WEEKLY HOURS</i>	<i>AWARDS AND HONORS</i>	<i>LEADERSHIP ROLES/OFFICES HELD</i>

HIGH SCHOOL DATA:

PRESENT SCHOOL _____ **GRADE POINT AVERAGE** _____

TEACHER/COUNSELOR RECOMMENDATION

NAME _____ **POSITION** _____

COMMUNITY SERVICE RECOMMENDATION

NAME _____ **POSITION** _____

FINANCIAL ASSESSMENT :

- _____ **FINANCIAL ASSISTANCE IS NEEDED TO HELP PAY MY TUITION.**
- _____ **FINANCIAL ASSISTANCE IS NEEDED FOR BOOKS, LAB FEES, AND MISC. EXPENSES.**
- _____ **I AM EXPECTING TO RECEIVE A PARTIAL SCHOLARSHIP _____ FULL SCHOLARSHIP.**
- _____ **I HAVE ADDITIONAL SIBLINGS ATTENDING COLLEGE.**

BRIEFLY STATE WHY YOU WOULD LIKE TO BE CONSIDERED FOR THIS SCHOLARSHIP. _____

ESSAY QUESTIONS (PLEASE TYPE)

PLEASE RESPOND TO THE FOLLOWING QUESTIONS USING 250-300 WORDS PER TOPIC:

- (1) HOW DOES THE ADVERSITY DR. KING FACED IN HIS LIFE PARALLEL TO ANY ADVERSITY YOU'VE FACED?
- (2) WHERE DO YOU SEE YOURSELF IN SIX YEARS ACADEMICALLY, PROFESSIONALLY, AND IN THE COMMUNITY?

PLANNED POST-HIGH SCHOOL DATA

NAME OF COLLEGE/UNIVERSITY YOU WILL ATTEND IN THE FALL:

CITY _____ **STATE** _____

___ **4 YEAR COLLEGE/UNIVERSITY** ___ **2 YEAR COMMUNITY/JUNIOR COLLEGE** ___ **VOCATIONAL/TECHNICAL**

SCHOOL ___ **OTHER** _____ **COLLEGE MAJOR OR**

TRADE _____

By submitting and signing this application, I certify that the information provided is complete and accurate to the best of my knowledge. My parent/guardian and I agree to the use of my picture in PCF media promotions

Applicant's Signature _____ Date _____

Parent's/Legal Guardian's Signature _____ Date _____

APPLICATION CHECKLIST

This application for a scholarship becomes complete and valid ONLY when ALL of the following have been enclosed/received:

____ Student Application

____ Essays

____ Official High School Transcript. Application will not be considered without an official transcript.

____ Letters of Recommendations from Teacher/Counselor and Community Service Representative

____ Professional Head Shot of Student (Please include wallet size photograph).

Falsification of information will result in termination of any scholarship granted.

For more information, contact the Scholarship Committee at

[*scholarships@planocf.com*](mailto:scholarships@planocf.com)

Applications must be received by April 4, 2025 at 11:59pm in order to be considered. Send scholarships and required documents to scholarships@planocf.com.