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PLANO COMMUNITY FORUM

(Founded 1981)

DR. MARTIN LUTHER KING, JR. SCHOLARSHIP APPLICATION

FOR SCHOOL YEAR ENDING 2023

(PLEASE PRINT)

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

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

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

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

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.

Applications must be received by April 21, 2023 at 11:59 p.m. in order to be considered. Send scholarships and required documents to scholarships@planocf.com.