# LOUISVILLE URBAN LEAGUE SCHOLARSHIP APPLICATION

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Name**

**Check List:**

Application must be filled out completely: 🗆Yes 🗆 No

GPA on application 🗆Yes 🗆 No

Financial need statement on application 🗆Yes 🗆 No

Two letters of recommendation 🗆Yes 🗆 No

##### One (1) Wallet size Photo **(Non-returnable)** 🗆Yes 🗆 No

(Please attach photo on front of application with your name neatly written on back of Photo)

Transcript with Test Scores Included 🗆Yes 🗆 No

One page Essay 300 words or Less (Subject)

**“WHAT DOES HIGHER EDUCATION MEAN TO YOU?** 🗆 Yes 🗆 No

Listed all Scholarships, Grants, Awards and other Financial Help

on application 🗆 Yes 🗆 No

Counselor’s signature on application 🗆Yes 🗆 No

**APPLICATION POST MARK DEADLINE----MARCH 27, 2020**

# STUDENT DATA

## Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last First MI**

**Gender: (check one)** 🗆 **Male** 🗆 **Female**

**Ethnicity: (optional)** 🗆 **African American** 🗆 **Asian American** 🗆 **Hispanic American**

🗆 **Native American** 🗆**Other**

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-Mail Address: (if available):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­

**MM/DD/YYYY**

**PERMANENT ADDRESS:**

Number Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apt#: \_\_\_\_\_\_\_\_\_\_\_\_

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City State Zip Code Telephone#

**MOTHER OR FEMALE GUARDIAN**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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City State Zip Code Telephone Number

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Employer Occupation

**FATHER OR MALE GUARDIAN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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City State Zip Code Telephone Number

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Employer Occupation

**Please list the number of people in your household (including self**) \_\_\_\_\_\_

**Below, please list the names and ages of your siblings (if applicable):**

**Name**  **Age**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Annual Household income**: 🗆 **Less than $10,000** 🗆 **$10.000-$20,000**

🗆 **$21,000-35,000** 🗆 **$36,000-$50,000**

🗆 **$51,000-$65,000** 🗆 **over $65,000**

**Itemize your anticipated needs for the coming year:**

Tuition $\_\_\_\_\_\_\_\_\_\_\_ Room & Board $\_\_\_\_\_\_\_\_\_\_\_\_\_Books $\_\_\_\_\_\_\_\_\_\_

Fees $\_\_\_\_\_\_\_\_\_

Personal $\_\_\_\_\_\_\_\_\_\_\_ Transportation $\_\_\_\_\_\_\_\_\_\_\_ Other (Explain) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total $\_\_\_\_\_\_\_\_\_

**Place Employed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Extracurricular Activities:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Volunteer/Community Service:**

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A**CADEMIC PROFILE:**

## High School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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City State Zip Code Telephone #

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Grade GPA SAT Score-Total SAT Math SAT Verbal ACT Composite

**HONORS &AWARDS:**

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POSTSECONDARY EDUCATIONAL PLANS:

College/University\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: (SCHOLARSHIP FUNDS WILL BE PAID DIRECTLY TO RECEIPENTS CHOICE OF POSTSECONDARY INSTITUTION)

**Please list any scholarships, awards and other financial assistance you have received** **or will receive for college:**

**NAME**  **AMOUNT # OF YEARS RENEWABLE**

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**COUNSELOR’S SIGNATURE DATE**

**(application will be disqualified if the above signature is not present)**

**APPLICATION DEADLINE-----MARCH 27, 2020**