



Louisville Urban League Guild  
 C/o Louisville Urban League  
 1535 West Broadway  
 Louisville, KY 40203  
 (502) 566-3419  
 Fax (502) 585-2335



William Doug Smith  
 President

Sadiqa N. Reynolds, Esq.  
 President, CEO

*The Louisville Urban League Guild's vision is to be a premier volunteer segment of the Louisville Urban League.*

*The mission of the Louisville Urban League Guild is to unite, strengthen and support the Louisville Urban League in its endeavors with volunteerism and community service.*

To: Senior Counselors & Area Congregations  
 From: The Louisville Urban League Guild Scholarship Committee  
 Date: February 2019  
 Re: 2019 Charles T. Steele Scholarship

Scholarship Award: \$1,000

**ELIGIBILITY REQUIREMENTS**

- Graduating Senior
- Minimum ACT score 18
- Minimum GPA 2.8
- Financial need
- Have been accepted to and will attend a two (2) or four (4) year post-secondary institution.

**THE APPLICATION PROCESS**

- Signature of Senior Counselor
- Signature of Student
- Transcripts
- Picture (wallet size, non-returnable, attach to front of application)
- Financial need statement (provided on application, if more space is needed, please provide on separate sheet of paper)
- ACT Scores
- Essay ("**WHAT DOES HIGHER EDUCATION MEAN TO ME**")
- List all other Scholarships, Grants, Awards, and other financial help.
- **Application Deadline is March 30, 2019**
- Finalists may be interviewed by Scholarship Committee
- **All selected recipients must attend the Scholarship Reception on Sunday, May 19, 2019.**

All applications must be postmarked by March 30, 2019, this application may be duplicated. Please mail all applications to:

The Louisville Urban League Guild  
 Attn: Charles T. Steele Scholarship Committee  
 1535 W. Broadway  
 Louisville, KY 40203

Thank you for making this information available to High School Seniors. We reserve the right to call finalists for an interview.

Scholarship recipients will be notified by mail and phone if they were awarded the scholarship. **WE WILL NOT NOTIFY NON-WINNERS.**

Please don't call The Louisville Urban League Office.

Sincerely,

Elizabeth Caples  
 Co-Chairwoman

Verna Cahoon  
 Co-Chairwoman



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## CHARLES T. STEELE SCHOLARSHIP APPLICATION

### LOUISVILLE URBAN LEAGUE & LOUISVILLE URBAN LEAGUE GUILD

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**Student Name**

**Check List:**

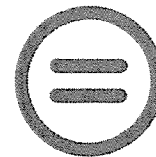
- Application must be completely filled out:  Yes  No
- GPA on application  Yes  No
- Financial need statement on application  Yes  No
- Two letters of recommendation  Yes  No
- One (1) Wallet size Photo (**Non-returnable**)  Yes  No  
**(Please attach photo on front of application with your name neatly 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 30, 2019**



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**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#: \_\_\_\_\_

City State Zip Code Telephone#

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

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

City State Zip Code Telephone Number

Employer Occupation

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

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

City State Zip Code Telephone Number

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):**





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President

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President, CEO

_____	_____	_____	_____
City	State	Zip Code	Telephone #
_____	_____	_____	_____
Grade	GPA	SAT Score-Total	SAT Math SAT Verbal ACT Composite

**HONORS & AWARDS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**POSTSECONDARY EDUCATIONAL PLANS:**

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

Address \_\_\_\_\_

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

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

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

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

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

<u>NAME</u>	<u>AMOUNT</u>	<u># OF YEARS RENEWABLE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**COUNSELOR'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(application will be disqualified if the above signature is not present)

**APPLICATION DEADLINE-----MARCH 30, 2019**