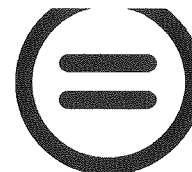


William Doug Smith  
President

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



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 2018  
Re: 2018 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 April 6, 2018**
- Finalists may be interviewed by Scholarship Committee
- **All selected recipients must attend the Scholarship Reception on Sunday, May 20, 2018**

**All applications must be postmarked by April 6, 2018** 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 40202

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

Shirley Fuqua-Jackson  
Co-Chairwoman



**William Douglas Smith**  
President

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



**Sadiqa N. Reynolds, Esq.**  
President, CEO

## **CHARLES T. STEELE SCHOLARSHIP APPLICATION**

### **LOUISVILLE URBAN LEAGUE & LOUISVILLE URBAN LEAGUE GUILD**

---

**Student Name**

**Check List:**

Application 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

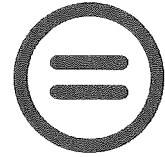
☐ Yes ☐ No

**APPLICATION DEADLINE-----April 6, 2018**



**William Douglas Smith**  
President

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



**Sadiqa N. Reynolds, Esq.**  
President, CEO

**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) \_\_\_\_\_

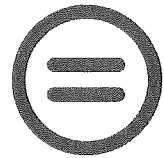
Below, please list the names and ages of your siblings (if applicable):

Name \_\_\_\_\_ Age \_\_\_\_\_



**William Douglas Smith**  
President

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



**Sadiqa N. Reynolds, Esq.**  
President, CEO

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:

---

---

---

Volunteer/Community Service:

---

---

---

**ACADEMIC PROFILE:**

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

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

\_\_\_\_\_  
City    State                      Zip Code                      Telephone #

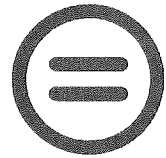
\_\_\_\_\_  
Grade      GPA      SAT Score-Total      SAT Math      SAT Verbal      ACT Composite

**HONORS &AWARDS:**



**William Douglas Smith**  
**President**

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



**Sadiqa N. Reynolds, Esq.**  
**President, CEO**

---

---

---

**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:**

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

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**COUNSELOR'S SIGNATURE**

**DATE**

**APPLICATION DEADLINE-----April 6, 2018**