

Your Scholarship Application Packet will consist of:

- 1) Completed Scholarship Application/Questionnaire. (2 pages)
- 2) Completed Financial Questionnaire (1 page)
- 3) Three letters of recommendation addressing your intended goals.
- 4) A Signed Certification and Authorization form.
- 5) A personal narrative not to exceed 800 words stating the financial need, career goals, and intended use of the scholarship award.
- 6) Verification of your FAFSA submission, listing the names of your selected university or college.
- 7) An official copy of your college transcript(s). [Unofficial copies will not be accepted].

Application packets must be postmarked or delivered not later than by 5:00 p.m. on June 17th. Incomplete and late applications may not be considered.

Mail completed application to:

Scott Lee Foundation, Inc.
Attention: Scholarship Review Committee
14625 Baltimore Avenue, Box 279
Laurel, MD 20707

Your application will not be officially completed until the Scholarship Review Committee receives all required documents via mail.

Applicants must also agree in writing to participate in an internship that will be offered by a designated organization offering sales and marketing positions.



MILTON PERICLES DARDEN III MEMORIAL SCHOLARSHIP

APPLICATION/QUESTIONNAIRE

[PLEASE TYPE]

Date: _____

Home Phone Number: (____) _____

Cell Phone Number: (____) _____

E-mail: - _____

Name:

Last

First

M.I.

Current Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: ____/____/____

Birth date: ____/____/____

Place of Birth: _____

Are you a US Citizen? ___ Yes ___ No

Ethnicity:

African American _____ Caribbean American: _____ Other American _____
(specify)

Education:

High School Attended: _____

(name)

(address)

(city)

(state)

GPA: _____

Graduation Date: _____

Extracurricular Activities:



MILTON PERICLES DARDEN III MEMORIAL SCHOLARSHIP

(page 2)

Name and location of University/College: (If you are a continuing or transfer student please list names of all colleges you have attended.)

1. College: _____ From: _____ To: _____

GPA: _____ # Hrs Completed: _____ Major: _____

2. College: _____ From: _____ To: _____

GPA: _____ # Hrs Completed: _____ Major: _____

3. College: _____ From: _____ To: _____

GPA: _____ # Hrs Completed: _____ Major: _____

I will be a: ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate Student

Are you a full-time student? _____ Yes _____ No

Marital Status: ___ Single ___ Married ___ Divorced Number of Dependents: _____

Sorority/Fraternity Affiliation: _____

[Use separate sheet if needed to complete all relevant information.]



Scholarship Application

FINANCIAL QUESTIONNAIRE

Financial Aid:

Have you submitted an *Application for Federal Student Aid* form (FAFSA)? ____ Yes ____ No

Date your FAFSA was submitted: _____

On a separate sheet of paper please list any scholarships or other sources of financial assistance you are currently receiving (including from your parents), the amount, and if you expect the financial support to continue for the coming academic year.

Family Background: Parents' Education Level (please circle one):

Father: 7-12 years some college 4 year degree graduate degree

Mother: 7-12 years some college 4 year degree graduate degree

Combined family income: _____

Number of Siblings: _____ Gender and Ages: _____

Are you employed? ____ Yes ____ No

If yes, give name and address of your employer: _____

Average number of hours you work per week: _____ Monthly salary: _____

Recommendations: Please list below those individuals from whom you have requested letters of reference. At least two are required.

Name: _____ Title/Affiliation: _____

Name: _____ Title/Affiliation: _____

I certify that the information provided in this application is true. I authorize my college/university to furnish copies of my academic and/or financial records to members of the committee evaluating this request.

Signature

Date

Name (Please Print)

ADDITIONAL INFORMATION

SCHOLARSHIP APPLICANT CERTIFICATION

I certify that all the information contained in this application is true and complete to the best of my knowledge. If required, I agree to provide documentation for any information given herein. I realize that this proof may include proof of citizenship, a copy of a U.S. tax return or a current payroll stub. I understand that failure to comply with a request for further information may prevent the applicant from being considered. I understand that the financial information will be confidential, for review solely by the Scott Lee Foundation.

Applicant's Signature

Date

**SUBMIT COMPLETE APPLICATION, INCLUDING ALL DOCUMENTATION.
APPLICATIONS WILL NOT BE CONSIDERED UNLESS COMPLETE.
DO NOT SEND MATERIALS SEPARATELY.**

Application Checklist:

- . application and financial questionnaire completed and signed
- . personal statement/essay
- . sealed copy of official school transcript
- . three original recommendation letters
- . scholarship applicant certification