
**THE MARY A. KINARD
MEMORIAL SCHOLARSHIP
THE GREENWOOD AREA
MARTIN LUTHER KING, JR. MASS CHOIR**

SCHOLARSHIP GUIDELINES

To apply for the Greenwood Area Martin Luther King, Jr. Mass Choir Scholarship Applicants must:

- *Have a minimum score of 800 on the SAT or a minimum of 21 on the ACT.*
- *Be enrolled or have been enrolled in College Prep or Tech Courses.*
- *Permit Guidance Counselor to submit an official transcript to the MLK Choir, a minimum 2.8 GPR is required.*
- *Have applied and/or been accepted at a College, University or Technical College. If accepted, attach a Xerox copy of letter of acceptance, which must be on official letterhead.*
- *Submit a Narrative of 200 words or less explaining how being denied this scholarship would affect your ability to attend school.*
- *Three (3) letters of Recommendation with one from the school, one from a community person, and one from the pastor of your church.*

Please strictly adhere to the following:

- **The absence of any part of the requests will invalidate your entire application and it will not be considered. Use the above bullets as a checklist before mailing your application.**
- **The School Guidance Counselor is requested to verify information on Test Scores and GPA Scores in the form of a letter with School's Seal imprinted.**
- **The deadline for applications and information must be postmarked by May 15, 2019. No other mode of transmission is acceptable.**

MAIL TO:

**The Greenwood Area MLK, Jr. Mass Choir
Attention: Ms. Carolyn O. Robinson, Scholarship Chair
821 Brewer Ave.
Greenwood, SC 29649**

APPLICATION

The information submitted on this form is strictly confidential. Please fill in all blanks that apply to you. Scholarships will be awarded according to guidelines established by the Greenwood Area Martin Luther King, Jr. Mass Choir. Only one scholarship will be awarded.

SECTION A: PERSONAL INFORMATION

Name: _____
Last Middle First

Address: _____
Street/RFD City State Zip

Telephone: _____ Social Security # _____ Age: _____ Sex: _____

Church Membership: _____ Pastor: _____

Parent(s)/Guardian(s) living in your household:

Father: _____ Mother: _____

Occupation: _____ Occupation: _____

Yearly Salary: _____ Yearly Salary: _____

Occupation: _____ Number of Siblings (living in household)

Yearly Salary: _____ who are currently in College

ASSISTANCE: CHECK ALL THAT APPLY:

Food Stamps AFDC Public Housing SSI Social Security Child Support
 Medical Parent/Guardian Layoff Worker Unemployment Compensation Alimony
 Veteran's Benefits Other, please specify: _____

SECTION B: SCHOLASTIC INFORMATION

Name of High School: _____ Date of Graduation: _____

Class Rank: _____ GPA: _____ ACT SCORE: _____

SAT SCORE: Verbal _____ Math _____ Total _____

High School Academic Program:

___ Advance College Prep

___ Tech Prep

___ College Prep

___ Vocational

___ General

___ Other, please specify: _____

SECTION C: REFERENCES

List the names and addresses of three (3) references (one from school, one from a community person, and one from the pastor of your church). Attach Letters of Recommendation to this application.

NAME/ADDRESS

POSITION

1. _____

2. _____

3. _____
