



Sisters Involved In Linking Knowledge 2018 Scholarship Application

To be considered for a SIILK scholarship, applicants must meet all of the following criteria:

- Must be an African America student, residing in the Southern California area.
- A graduating High School Senior.
- Provide a copy of your college acceptance letter and an official copy of your transcripts (*transcripts must be embossed and/or received in a sealed envelope*).
- Have a minimum Cumulative Grade Point Average (G.P.A.) of 2.5 or higher.
- Provide three (3) signed letters of recommendation from persons who can attest to the quality of your class work, ability, character and academic proficiency. These letters should be from teachers, guidance counselors, employers, pastor, community organization, or a non-family member.
- Write a personal essay describing your career objectives, leadership abilities, community activities, and why you should be considered for this scholarship. (*Maximum of 500 words, typed, double spaced, 12-point font*).
- Must have a minimum of 50 hours of community service or leadership initiative.
- Must be available to attend and speak at the Teen Leadership Conference on June 30, 2018.

The following must be completed and postmarked on or before June 1st, 2018

- Incomplete application will not be considered
- The completed and signed application form – Pages 2-3, 5
- Parent or Guardian signature if you are under 18 years of age
- Personal essay (*must be typed*)
- Official copy of transcripts
- Three (3) letters of recommendation
- First page of parents/guardian current year Federal Tax return (*1040/1040E – Please omit SS#*)
- 4 x 6 picture of yourself (*Headshot Only*)
- Student Activities Form (*Attachment A*)

Should you have any questions or need additional information, please email the Scholarship Chair, Kelly Melton at infoforsilk@gmail.com

Mail the application on or before the **June 1st, 2018 POSTMARK DEADLINE.**

2018 Scholarship Application

SECTION A: APPLICANTS INFORMATION

Full Name: _____
(Last, First, Middle)

Home Address: _____

City: _____ State: _____

Telephone: () _____ Date of Birth: ____/____/____

Email Address: _____

Name and Address of Attending High School: _____

Counselors/Advisor's Name: _____ Contact Number () _____

Your Cumulative G.P.A. _____ Based On a _____ (i.e. 4.0 or 5.0) Maximum scale

Extracurricular Activities (See Attachment) _____

Honors or Special Recognition (See Attachment) _____

Approximate number of community service hours, served within the last 12 months _____

Was the service activities part of a service/learning program? Yes _____ No _____

List of all scholarship you have been awarded. Please include the name of the scholarship, the amount, and the year of the award: _____

Name/Address of accredited institution currently accepted for admissions:

(Address)

Anticipated Field of Study: _____

Do you live with your parent(s) or legal guardian(s)? Yes _____ No _____

If YES: Complete Section B

If No: Skip to Section C

NOTE: If you are an emancipated minor or in legal guardianship SILLK may require you to provide proof.

SECTION B: PARENT/GUARDIAN INFORMATION

Marital Status: _____ Single _____ Married _____ Divorced _____ Widowed

Parent/Guardian Combined Annual Income: (Income verification is required)

- | | |
|--|--|
| ___ Less than \$10,000 | ___ Approximately \$10,000 to \$20,000 |
| ___ Approximately \$20,000 to \$30,000 | ___ Approximately \$30,000 to \$40,000 |
| ___ Approximately \$40,000 to \$50,000 | ___ Approximately \$50,000 to \$60,000 |
| ___ Approximately \$60,000 to \$70,000 | ___ Approximately \$70,000 to \$80,000 |
| ___ More than \$80,000 | |

Parent(s)/Guardian(s) Full Name: _____
(Last, First, Middle)

Home Address: _____

City _____ State _____ Zip _____

Telephone () _____ E-Mail Address _____

SECTION C: ESSAYS

Please use separate sheet.

Essay 1: Describe your career objectives, leadership abilities, community activities, and why you should be considered for this scholarship.

Applicant:

Review this form and make certain you have responded accurate to all items.

I certify that all the statements and information submitted in support of my application is true, complete and accurate to the best of my knowledge and are made in good faith. False information will result in termination of the scholarship if granted.

Applicant's Signature _____ Date _____

Signature of Parent or Guardian _____ Date _____

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Attachment A – Student Activities

List School Activities (Please type or print legibly)			
Name of Organization	Office/Position Held	Advisor/Supervisor	Contact Number
Honors or Special Recognition (i.e., scholastic, literary, athletic or others)			
Name of Organization/Group	Award Description	Date Received	
Student Community Service Information			
Name of Organization	Volunteer Hrs	Advisor/Supervisor	Contact Number