

# Thurgood Marshall College Fund

*"The Best of the Best"*

Presents the

## The Robert S. Shumake Family Foundation Scholarship Application for the 2009-2010 Academic Year

*A program of the*



ROBERT S. SHUMAKE SCHOLARSHIP RELAYS<sup>™</sup>

**Administered by The Thurgood Marshall College Fund**

**Student Name:** \_\_\_\_\_

Please return completed application and all requisite materials which must be post marked no later than, Monday, March 30, 2009, to:

**Thurgood Marshall College Fund  
ATTN: Sophia A. Rogers, Scholarship Manager  
80 Maiden Lane, Suite 2204  
New York, NY 10038**

## **APPLICATION RULES**

All applicants must review the following rules and initial to confirm your acceptance of the program guidelines.

- 1. Student – know the name of the scholarship for which you are applying, there is no one TMCF scholarship.**
- 2. Review the criteria in detail before completing the application to determine whether you are eligible.**
- 3. Complete this application completely; otherwise your application will not be reviewed and/or considered. It will be discarded.**
- 4. You will not receive notice that your application is incomplete.**
- 5. Return all materials as a complete package by the deadline date to the address as detailed.**
- 6. Reference(s) must give a general assessment of the applicant, highlighting his/her abilities and achievements, how long the reference has known the applicant and any other relevant comments that will be helpful in evaluating him/her for this scholarship.**
- 7. This is a competitive scholarship. More students will apply than will be awarded and application does not guarantee funding. However, you must apply to win.**
- 8. \*Initial this page after reviewing.\***

**Initials: \_\_\_\_\_**



## ROBERT S. SHUMAKE SCHOLARSHIP RELAYS™

### **SCHOLARSHIP INFORMATION**

The Robert S. Shumake Family Foundation is working in conjunction with the Thurgood Marshall College Fund (TMCF) of New York to administer the Robert S. Shumake Scholarship Award. The Thurgood Marshall College Fund will be the fiduciary of the scholarships. As such, the TMCF will administer and distribute the funds raised for this event. The scholarship awards for winning students will be held by the TMCF in accordance with the guidelines set by the Robert S. Shumake Family Foundation. *The 2009 Robert S. Shumake Scholarship Award is a one-time award up to \$2,500 given to students in their freshman year attending a four year accredited college of their choice.*

#### **I. ELIGIBILITY REQUIREMENTS:**

- Student must complete and submit this Robert S. Shumake Scholarship Essay Application Form (see next section).
- Student must attend a school, which participated in the Robert S. Shumake Scholarship Relays on Saturday, April 25, 2009 to receive the maximum scholarship award amount.
- Student must have a minimum Grade Point Average (GPA) of 2.50 on a 4.0 scale.
- Student must be accepted and ultimately attend a 4-year accredited institution as a first semester freshman.
- Student must submit all the required application materials by the application deadline Monday, June 1, 2009.

#### **II. REQUIRED DOCUMENTATION:**

- Student must submit an official high school transcript.
- Student must submit two (2) letters of recommendation, at least one from a school official and one from a community organization (such as a church, charity/social service organization).
- Student must submit a 250-word essay on “The Importance of EDUCATION, HOMEOWNERSHIP AND ENTREPRENEURSHIP”.

#### **III. APPLICATION PROCESS:**

- Student must complete the attached application and include all required documentation. Applications without required documentation will not be considered and will be discarded.
- Applications must be **post marked in regular mail no later than** Monday, March 30, 2009- **NO EXCEPTIONS.**
- Award candidates will be announced on Saturday, April 25, 2009.
- Award candidates are requested to attend the Robert S. Shumake Foundation dinner where awardees will be honored. The Robert S. Shumake Foundation office will contact awardees regarding the date of the presentation and all other details. A parent(s) or guardian will be required to attend with the award candidate.
- All winners are required to attend an accredited university or college in order to receive this award.

**Legible Print is Required**

**STUDENT DATA**

Student Name: \_\_\_\_\_  
Last First MI

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: \_\_\_ Female \_\_\_ Male

Date of birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Permanent Address:

\_\_\_\_\_  
Number Street Apt #  
\_\_\_\_\_  
City State Zip Code (\_\_\_\_) Home Telephone #

Parent(s)/Guardian Name: \_\_\_\_\_

**EDUCATION**

High School Name: \_\_\_\_\_ and Phone # (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Track Team Name: \_\_\_\_\_ Track Coach Name: \_\_\_\_\_

G.P.A \_\_\_\_\_ on 4.0 scale Date of expected graduation: \_\_/\_\_/\_\_

**List the name of the colleges/universities to which you have applied and been accepted:**

College/University	Acceptance Date

**ESSAY**

**Please submit a 250-word ESSAY (and no longer) on “The Importance of EDUCATION, HOMEOWNERSHIP AND ENTREPRENEURSHIP”.**

**NOTES**

- Your application must be signed and dated
- Applications submitted without required documentation will be considered incomplete and therefore not reviewed.
- Recommendations should be from a church, community service agency (charity) or school.
- Faxed or emailed applications will not be accepted.
- All application materials must be **postmarked no later than Monday, March 30, 2009** and mailed to the proper address as stated on this application.

**DISCLOSURE**

The information provided in this packet will be disclosed to the Robert S. Shumake Foundation as required to determine your eligibility for an award. The information will be available only to those affiliated with the Robert S. Shumake Foundation, for the purposes of reviewing applications and award dissemination.

I hereby certify that the information provided in this application is to the best of my knowledge, true and accurate. I have not knowingly withheld any facts or circumstances that could otherwise jeopardize consideration of this application.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**RECOMMENDATION FORM**

This form is to be used by the recommender only. This form may be duplicated, or may be a letter attached to the application.

**Recommenders:**

- Please promptly return this form to the applicant, as they are required to submit all application materials by a deadline date (March 30, 2009).
- Please give a general assessment of the applicant, highlighting his/her abilities and achievements and any other relevant comments that will be helpful in evaluating him/her for the Robert S. Shumake Scholarship Award. Use additional sheets if necessary.

Scholarship Applicant: \_\_\_\_\_

Reference from: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Church, School or  
Community Organization: \_\_\_\_\_

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

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

Contact phone number: (\_\_\_\_) \_\_\_\_\_

How long have you know the applicant? \_\_\_\_\_ years/months In what capacity? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_