

A

Lori C. Pemberton Memorial Scholarship

Scholarship Application

Name _____ Date of Birth _____

Mailing Address _____

Telephone No. (Home) _____ (Cellular) _____

Parent/Guardian Name _____ Telephone No. _____

E-mail Address _____

High School: _____

Grade _____ What is your current GPA? _____ Guidance Counselor _____

Distinctions, Honors, Awards (academic/civic/government) _____

How did you hear about the scholarship? _____

Have you applied for other scholarships? Yes__ No __ If yes, please list all scholarships.

Recommendations: Below, please provide the names, titles/positions of the two persons you have requested to submit personal recommendations on your behalf.

Name _____

Name _____

Position _____

Position _____

Address _____

Address _____

Phone _____

Phone _____

Reminder to applicant:

Your application will not be considered complete until all application materials have been received.

B

*The Five Pearls Foundation
Lori C. Pemberton Memorial Scholarship
Application*

Volunteer Experience

(List most current first):

Title _____ **Dates** _____

Organization _____ **Phone** _____

Address _____

Duties _____

Title _____ **Dates** _____

Organization _____ **Phone** _____

Address _____

Duties _____

Total years of volunteer experience: Years _____ Months _____

List student clubs, organizations, and any extracurricular activities you are involved in.

Additional comments: _____

By signing below, I state that the information provided by me in this application is truthful and accurate. I understand that if I provide any misleading information for this application, my award may be forfeited if I am determined a recipient.

Name (Print)

Signature

Date

C

*The Five Pearls Foundation
Lori C. Pemberton Memorial Scholarship
Scholarship Application*

ESSAY QUESTION

Applicant Name _____

Address _____

Telephone _____

The screening committee seeks to know what has influenced the development of your personality and values. Choose one of the following two topics as the subject of your essay:

1. What is your most memorable moment and how has it shaped your life? Or;
2. How will your planned career goals impact the community as a whole?

Statements should not exceed 500 words, and must be typewritten and double-spaced to insure readability. Please attach this form to your statement.

RECOMMENDATION FORM

TO THE APPLICANT: Complete this section. Please print or type. Please give this form to the person you have asked to recommend you.

Applicant's Name: _____
Last First MI

Recommender's Name: _____ **Title/Position** _____

Address _____ **Telephone** _____

I hereby waive my right of access to this recommendation:

Date _____ Applicant's Signature _____

TO THE PERSON WRITING THIS RECOMMENDATION: The eligibility procedure for this scholarship award requires applicants to submit individual letters of recommendation. THE FIVE PEARLS FOUNDATION seeks to assist and encourage young African-American, Black and Latino students who are community conscious and committed to their academic success. The student chosen will receive a scholarship award towards their academic pursuits.

We would appreciate your writing as fully as you can concerning the candidate, frankly stating strengths and weaknesses. We are interested in funding individuals with promise and integrity.

How long have you known the applicant and in what capacity?

May we contact you if we have any additional questions? Y _____ N _____

Recommender's Signature Date

Please rate the applicant in the following categories:

	Exceptional	Good	Fair	Unable to Judge
Leadership Skills	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Overall Performance	_____	_____	_____	_____

Please attach this form to your letter of recommendation and mail recommendation forms directly to the above address. Thank you.

THE FIVE PEARLS FOUNDATION
LCP Scholarship Committee
2042 Madison Avenue; Suite #1
New York, New York 10035
www.fivepearlsfoundation.org

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