



The Rev. Dr. Martin Luther King, Jr.
Memorial Committee of Greater Attleboro

W. Duane Lockard Scholarship Fund

The following information is required for record keeping purposes. As is the case with all records, this information is considered confidential and is used for official purposes only.

I. DEMOGRAPHIC INFORMATION

1. Student Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

2. High School _____

Address _____

City _____ State _____ Zip _____

3. Self Identification:

Alaskan Native Asian Black or African American Hispanic or Latino

Native American Native Hawaiian Pacific Islander

4. Social Security Number _____ - _____ - _____

II. ACADEMIC INFORMATION

1. School _____

Address _____

City _____ State _____ Zip _____

Phone _____

Expected Date of Enrollment _____ Month/Year _____

Full-Time Part-Time Associate Bachelor's Certificate



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APPLICANT ESSAY

The essay section of this application will give you the opportunity to present yourself to the Committee in a way that grades and test scores cannot. The Committee will use your essay to determine your ability to organize your thoughts and to express yourself in a clear and concise manner.

Your typed essay should include the following:

1. Two pages maximum.
2. Stated career goals.
3. A discussion of how furthering your education will help to realize Dr. King's dream.

REQUIREMENTS CHECKLIST

No decision will be made on your application until you have submitted all the required documents.

- ✓ Proof of acceptance into an approved program.
- ✓ Completed application form.
- ✓ Three letters of recommendation. One must be from a teacher or guidance counselor; others can be from teachers, clergy, or work supervisor. Letters from family members or personal friends will not be accepted.
- ✓ Essay.
- ✓ School transcripts.

Please mail completed application to:

P.O. Box 461, Norton, MA 02766-0461

Or email to:

mlkgreaterattleboro@gmail.com

My signature below indicates that the information contained in this application is factually correct and honestly presented.

Signature _____ Date _____



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PURPOSE

To assist minority students in obtaining an associate degree, baccalaureate degree, or certificate of training.

ELIGIBILITY

1. The applicant must be accepted into an approved program as of September of the academic year for which he or she applied. He or she may be enrolled full-time or part-time.
2. The applicant must be a minority (Alaskan Native, Asian, Black or African American, Hispanic or Latino, Native American, or Pacific Islander).
3. The applicant must demonstrate a commitment to the philosophy of The Rev. Dr. Martin Luther King, Jr., which is nonviolence and community service.
4. The applicant must be a resident of Foxboro, Easton, North Attleboro, or one of the towns comprising Greater Attleboro, which includes Attleboro, Mansfield, Norton, Rehoboth, and Seekonk.

SCHOLARSHIP AMOUNT

Scholarship(s) will be awarded in the amount(s) of \$1,000.00.

APPLICATION FILING DATE

Applications must be postmarked by **FRIDAY, MARCH 19, 2021**, to be considered for the fall semester.

Please mail completed application to:

P.O. Box 461, Norton, MA 02766-0461

FUNDS AVAILABLE

Scholarships will be awarded by May 2021. Awards will be sent directly to the awardee's school or training program.

(FOR OFFICE USE ONLY)

Applicant Name _____

Date Received _____ Scholarship Awarded: YES NO Date Awarded _____

PROGRAM

Associates Bachelor's Certificate