

Leon H. Sullivan Charitable Trust STEP-UP Scholarship 2018-2019 Academic Scholarship Information Sheet

- Purpose:** To recognize and encourage scholarship for an African American graduate.
- Amount:** \$1000.00 (2)
- Contact:** Leon H. Sullivan Charitable Trust
c/o Deborah Gary, Scholarship Chairman
1415 N. Broad St., Ste 226
Philadelphia, PA 19122
(215) 684-3400
- Qualifications:** (1) 2.5 -3.0 cumulative GPA on a 4.0 scale
(2) African-American female or male
(3) Graduating May/June 2018 high school senior
(4) Philadelphia County
(5) Acceptance at College or Trade School (Proof required if selected)
- Basis of Selection:** The following criteria are taken into consideration:
(1) Academic achievement/Extracurricular activities
(2) Community service and leadership
(3) An essay on the topic:
- Describe a significant effort conceived by Rev. Leon H. Sullivan and how we can apply it today.**
- (4) Three letters of recommendation
- Deadline:** All documents must be submitted by mail in a single packet and **received by April 20, 2018**. All documents in the packet become the property of the Leon H. Sullivan Charitable Trust and will not be returned.
- Required** Please submit the following documents:
1. Completed and signed application form
2. Official sealed transcript (**Note: The GPA's specified above for the qualified applicants**)
3. Three letters of recommendation
 - One from community service organization or local official
 - Two from school officials4. Essay

Scholarship recipients will be notified of their award by May 30, 2018. Each recipient must submit a copy of college/university acceptance and registration to receive award. Scholarship recipients must utilize scholarship funds by the end of the fall 2018 semester or all funds will be considered forfeited.

Children of Trustees (active or inactive) are not eligible for this scholarship.



Leon H. Sullivan Charitable Trust 2018-2019 Academic Scholarship Application Form

Please type or legibly print (blue or black ink) information.

Name: _____ **Age/DOB:** _____
Last First MI

Address: _____
Street City/State Zip

Phone: _____

Current high school: _____

Graduation date (month/year): _____

**Name and location of
college you plan to
attend:**

Parent Information:

Mother/Guardian

Name

Home Phone

Address

Occupation

Business Phone/Ext.

Father/Guardian

Name

Home Phone

Address

Occupation

Business Phone/Ext.

Activities: List your extracurricular and community activities (example: student government, athletics, band, clubs, church participation, offices held, awards etc.) Attach additional page if necessary.

Extracurricular Activities	Dates (from –to)	Participation, Office Held, Honors

Community Service	Dates (from –to)	Participation, Office Held, Honors

Awards/Recognitions	Date Received	Sponsoring Organization

Work Experience/Position	Dates (from –to)	Description of Tasks/Duties

Essay:

On a separate page, please write a brief essay on the following topic:

Describe a significant effort conceived by Rev. Leon H. Sullivan and how we can apply it today.

Your essay should be a minimum of one page and no more than two pages in length. The essay must be typed in 12 pt font and double spaced.

I certify that all information on this application is correct:

Applicant Name Print

Applicant Signature

Parent/Guardian Print

Parent/Guardian Signature

Mail Application Packet To:
Leon H. Sullivan Charitable Trust
c/o Deborah Gary, Scholarship Chairman
1415 N. Broad St., Ste 226
Philadelphia, PA 19122
(215) 684-3400

Packets must be received by April 20, 2018.
Contents of packet **will not** be returned to applicant.

The Conditions and Details of Scholarship Award

Your Leon H. Sullivan Nonprofit Charitable Trust (the “Trust”), scholarship award is for the 2018-2019 academic year (September 1, 2018 – June 30, 2019) and is subject to the conditions listed below. The scholarship must be used for tuition, fees, on-campus room and board, books, and other institutional charges as defined by the finance/bursar’s office at your school.

Scholarship funds will be **paid directly to your school** after the school has returned the enclosed Enrollment Verification Form, which you are required to submit to the finance office/bursar at the school. Upon receipt of the completed form, the Trust will forward your scholarship payment **directly to the school in which you are enrolled.** Scholarships are paid beginning in September 2018. We will send one payment for the academic year. The payment shall be applied for the term of enrollment in line with the guidelines established by the school you are attending. **Any unused scholarship funds must be refunded to the Trust.**

Submit the following to the school you are attending:

Enrollment Verification Form– you must complete Part 1 and your school must complete Part 2 and return it directly to the Trust (no substitute forms accepted)

Return the following to the Trust:

Signed original of the **Conditions and Details of Scholarship Award Form and a completed Scholarship Award Information Form.**

Your signature on the Conditions and Details of Scholarship Award Form indicates that you have read and understand the conditions and details and that you accept them as conditions for payment of your scholarship.

The Scholarship Award Information Form provides the Trust with advanced knowledge of the school that you will be attending.

It is your responsibility to make a sufficient number of copies of all documents to fulfill the conditions of your scholarship award.

The signatures below acknowledges that I/we have read and accept the conditions stated above:

(Student Signature)

(Date)

(Student Printed Name)

(Parent/Guardian Signature if under age 18)

(Date)

(Parent/Guardian Printed Name)

Enrollment Verification Form (To Be Returned By The School)

Part 1:

Student Name: _____
Student I.D. Number: _____
Address: _____
City, State, Zip _____
Phone number: _____
Email: _____

Part 2:

I confirm that the student named above is enrolled
at _____
(Name of College/University/School)

for the 2018-2019 academic year. The student is enrolled for _____ amount of credits
for the academic year (September 1, 2018 to August 31, 2019). The entire scholarship award in
the amount of \$ 1000.00 will be applied to offset the student's tuition/room and board/fees/book
expenses for this academic year.

**Any unused scholarship funds will be returned to the Zion Non Profit Charitable Trust
dba Leon H. Sullivan Charitable Trust ("Trust") with an explanation.**

Thank you.

Name of School Representative: _____

Title: _____

Email: _____

Phone number: _____

Please return this form to the Trust

Attention: Deborah Gary via email at dgary@sullivantrust.org or by mail to:

Leon H. Sullivan Charitable Trust
c/o Deborah Gary, Scholarship Chairperson
1415 N. Broad St., Ste 226
Philadelphia, PA 19122

**If there are questions, please contact Ms. Gary at (215) 844-4200 or at the email address
above**

Leon H. Sullivan Charitable Trust
2018 Scholarship Award Information Form

Student Name: _____

Address: _____

City, State, Zip: _____

Phone number: _____

Email: _____

Name of Institution: _____

Finance Office/Bursar: _____

Address: _____

City, State, Zip: _____

Phone number: _____

Email: _____