

## **Leon H. Sullivan Charitable Trust STEP-UP Scholarship 2019-2020 Academic Scholarship Information Sheet**

- Purpose:** To recognize and encourage scholarship for an African American graduate.
- Amount:** \$1000.00 (3)
- 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 - 4.0 cumulative GPA on a 4.0 scale (2 awards for GPA 2.5 – 2.99 and 1 award for GPA 3.0 – 4.0)
  - (2) African-American female or male
  - (3) Graduating May/June 2019 high school senior
  - (4) Philadelphia County
  - (5) Acceptance at College, University 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 designated topic
  - (4) Letters of recommendation
- Deadline:** All documents must be submitted by mail in a single packet and **received by April 19, 2019**. 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. Conditions of Scholarship Award and Award Information Forms
  3. Official sealed transcript (**Note: Applicant must meet the GPA's specified above**)
  4. Three letters of recommendation
    - One from community service organization
    - Two from school officials
  5. Essay

*Scholarship recipients will be notified of their award by May 30, 2019. 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 2019 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  
2019 Academic Scholarship  
Application Form**

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

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
Last First MI

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

**Phone:** \_\_\_\_\_

**Current High School:** \_\_\_\_\_

**Date of Graduation:** \_\_\_\_\_

**School of University Attending:** \_\_\_\_\_

**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.

<b>Extracurricular Activities</b>	<b>Dates (from –to)</b>	<b>Participation, Office Held, Honors</b>

<b>Community Service</b>	<b>Dates (from –to)</b>	<b>Participation, Office Held, Honors</b>

<b>Awards/Recognitions</b>	<b>Date Received</b>	<b>Sponsoring Organization</b>

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

**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 Chair  
1415 N. Broad St., Ste 226  
Philadelphia, PA 19122  
(215) 684-3400

**Packets must be received by April 19, 2019.**  
**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 2019-2020 academic year (September 1, 2019 – June 30, 2020) 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 2019. 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.**

#### **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)

**Leon H. Sullivan Charitable Trust**  
**2019 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: \_\_\_\_\_

**\* If you are selected for our scholarship, you will be required to have the school complete an Enrollment Verification Form.**