

Leon H. Sullivan Charitable Trust STEP-UP Scholarship

2023-2024 Academic Scholarship Information Sheet

Purpose: The STEP-UP scholarship program provokes an awareness of the creator of a “Self Help Philosophy” by requiring applicants to describe a significant effort initiated by Rev. Leon H. Sullivan and how that same effort might be effectively applied today. Dr/ Sullivan once said of his training programs: “there will be special emphasis on helping young people in middle and lower sections of their classes who aspire to college education.....” In keeping with this philosophy, the StepUp scholarship aims to assist graduates and undergraduates who may or may not have recognized their potential for excellence.

Amount: \$1500.00 (3 awards: 3 undergraduate)

Contact: Leon H. Sullivan Charitable Trust c/o STEP-UP Scholarship
1415 N. Broad St., Ste 226
Philadelphia, PA 19122
(215) 684-3400 or (267) 336-5125

Qualifications:

1. Grade point average (GPA) 2.5 — 3.2 on a 4.0 scale
2. African American female or male
3. Graduating May/June 2023 high school senior or current Undergraduate
4. Philadelphia County resident
5. Acceptance at College/University (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 November 15, 2023**. 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.
- Conditions of Scholarship Award form
- School transcript (**Note: Applicant must meet the GPAs specified above**)
- Identification of community activities, awards/recognition, or jobs (last two (2) years)
- Minimum three letters of recommendation from any of the following:
 - Community service organization
 - Family or Friend
 - Extra-curricular activity
- Essay: **Describe a significant effort conceived by Rev. Leon H. Sullivan and how we can apply it today. (Minimum 1000 words).**

Each winning recipient must submit a copy of their college/university acceptance and registration to receive the award. Scholarship recipients must utilize scholarship funds by the end of the fall 2023 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

2023 - 2024 Academic Scholarship Application Form

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

Name:

Last First MI

Address:

Street City/State Zip

Phone: _____

Email: _____

Current High School, University: _____

Date of Graduation: ____ / ____ / ____

School or University* Attending: _____

Address: _____

Street City/ State Zip

Finance/Bursar Phone number _____ **Email:** _____

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

Parent Information (if under age 18):

Mother/Guardian	Father/Guardian
Name	Name
Home Phone	Home Phone
Address	Address
Occupation	Occupation
Business Phone/Ext.	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 1000 words. The essay must be typed in 12 pt font and double spaced.

I certify that the required documents are included and 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
Step-Up Scholarship
1415 N. Broad St., Ste 226 Philadelphia,
PA 19122
(215) 684-3400 or (267) 336-5125

Application Packets can also be emailed to
info@sullivantrust.org

Applications Packets must be received by November 15, 2023.
Contents of the packet **will not** be returned to the applicant.

Incomplete applications will not be considered

The Conditions and Details of Scholarship Award

Your Leon H. Sullivan Charitable Trust (the “Trust”) scholarship award is for the 2023-2024 academic year (September 1, 2023 – June 30, 2024) 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 an enrollment verification, identifying any appropriate student ID number. You must request this from the finance office/bursar at the school. Upon receipt of the Enrollment Verification, the Trust will forward your scholarship payment **directly to the school in which you are enrolled.** Scholarships are paid beginning in September 2023. 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 this **Conditions and Details of Scholarship Award 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.

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

The signatures below acknowledge 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)

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