

Leon H. Sullivan Charitable Trust STEP-UP Scholarship

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 Reverend 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 that philosophy, the Step-Up scholarship aims to assist graduates who may or may not have recognized their potential for excellence.

Amount: \$2500.00 (3 awards)

Contact: Leon H. Sullivan Charitable Trust
c/o Jasmine Sessoms, Scholarship Chairman
1415 N. Broad St., Ste 226 Philadelphia, PA 19122
(215) 684-3400

Qualifications:

- (1) 2.5 – 3.2 cumulative GPA on a 4.0 scale
- (2) Graduating May/June high school senior or current undergraduate
- (3) Philadelphia County resident with a household income of less than \$50,000
- (4) 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 15th for spring applicants and November 15th for fall applicants.** 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 Form
3. Official or unofficial school transcript (**Note: Applicant must meet the GPA's specified above**)
4. Minimum Three letters of recommendation from any of the below sources
 - Community service organization
 - School official
 - Extra-curricular activity
5. Essay: Describe a significant effort conceived by Rev. Leon H Sullivan and how we can apply it today (Minimum 1000 words)

Scholarship recipients will be notified of their award within two months of application deadline. Each winning recipient must submit a copy of their college/university acceptance and registration to receive the award. Children of Trustees (active or inactive) are not eligible for this scholarship.

Leon H. Sullivan Charitable Trust 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: _____ **Email:** _____

Current High School, University or Trade School: _____

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

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 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
c/o Jasmine Sessoms, Scholarship Chair
1415 N. Broad St., Ste 226
Philadelphia, PA 19122
(215) 684-3400

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

Applications Packets must be received by April 15th for spring applicants and November 15th for fall applicants.

Contents of packet **will not** be returned to 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 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.** 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.

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 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)

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