



Gateway (IL) Chapter

2017 APPLICATION

The Dr. Lillian Adams Parks Scholarship

Thank you for your interest in applying for a scholarship presented by the Gateway (IL) Chapter of The Links, Incorporated. To complete this form, print a copy of the application and TYPE or neatly PRINT (blue or black ink) your information on the form. The application must be submitted and postmarked on or before by April 15, 2017.

Name _____ Date of Birth _____
Last First Middle Initial

Address _____
Street Apt. City State Zip

Phone () _____ () _____
Home Cell

Email: _____

Date of Birth _____ Gender _____ Number of years a resident of Illinois or Missouri area _____

Ethnic Origin: _____ Black) African-American _____ Asian or Pacific Islander _____ American Indian _____ Hispanic

Explain how you have significantly participated in and promote(d) organizations and activities in the African-American community. (Submit on a separate page.)

HIGH SCHOOL APPLICANT:

High School _____
Name City State Zip

GPA _____ Class Rank _____ Class Size _____ Full-Time Student _____

SAT Score _____ ACT Composite _____ College Acceptance Letter (Attached) _____

College/University you will attend _____
Name City State Zip

If undecided, list those to which you applied _____

Scholarships will be contingent on proof of your acceptance. Please list all financial aid awards, grants or scholarships you have/will receive for the forthcoming academic year.

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Awards or Honors you have received: _____

Extracurricular Activities: _____

Leadership and Community Service Activities: _____

COLLEGE STUDENT / PAST RECIPIENT:

College/University _____
Name City State Zip

Academic status _____

College/University Classification _____ Major _____
(Freshman/Sophomore/Junior)

Did you submit your grades to the Gateway Chapter? [] Yes [] No * Include Latest Transcript.

FAMILY INFORMATION

Parent/Guardian _____
Last First Middle

Address _____
Street Apt City State Zip

Phone () _____ () _____ () _____
Home Cell Work

Employer _____ Occupation _____

Spouse's Name _____ Occupation _____

Spouse's School or Employer _____

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Describe any circumstances in your home or family which may affect your finances or educational plans. This could include physical conditions, disabilities, family issues, or anything else pertinent to your situation. Feel free to use a separate sheet of paper.

CERTIFICATION STATEMENT: See Gateway Scholarship Guidelines and Procedures

Please return the completed scholarship application and supporting materials directly to:

**Gateway (IL) Chapter of The Links, Incorporated
C/o Sharonica L. Hardin-Bartley, PhD, PHR
P.O. Box 11555
Clayton, MO 63105
If there are questions, call 314-494-7181**