



Gateway (IL) Chapter

2018 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, 2018.

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 or 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.**

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**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**