Golden Gate Joseph E. Lockridge Scholarship Foundation

2015 Scholarship Application Cover Sheet

Name			_
Address			_
City	St	Zip	
Home Phone			
Parent Cell Phone			
Applicant Cell Phone			
Email			
Date			

Submit your completed application to:

Felecia Gipson-Lee, Scholarship Chair Joseph E. Lockridge Scholarship 1101 Reverend CBT Smith Street Dallas, TX 75203

For Scholarship Committee Use Only		
Cover Sheet	Proof of Financial Need (Parents Tax Returns)	
Completed Application	Essay (typed)	
Official Transcript	Three Letters of Recommendation	
Certification of High School Requirements Met	Church Affiliation Letter (can be one of the three recommendation	
	Letters)	

Golden Gate Joseph E. Lockridge Scholarship Foundation

Application Criteria

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OYvonne A. Ewell Townview Magnet Center	OFranklin D. Roosevelt H.S.
O Lincoln Humanities/Communication Magnet	O

DEADLINE DATE:

Land-mailed must be received by 4:30 p.m. Tuesday, March 31, 2015

THIS IS A DELIVERY DATE, NOT A POSTMARK DATE. Must be postmarked by March 26, 2015.

STUDENT ELIGIBILITY

- a. Graduating senior from the schools listed above or a member of Golden Gate Missionary Baptist Church.
- b. Academic performance (GPA 2.5 and above)
- c. Demonstrate financial need
- d. Must have good moral character and a record of service to the school or community

APPPLICATION REQUIREMENTS

- a. Cover Sheet (provided with application package)
- b. Completed Application Form
- c. Official transcript from high school (must include seal) /G.E.D. Certification / GPA of at least 78 or 2.5
- d. Certification that Graduation Requirements have been met (School Letterhead)
- e. Demonstrate financial need (Must include the latest FILED tax return)
- f. Essay (Typed 300 to 500 words, double spaced) Topic: Creating Your Own Legacy: How will education help you to become a trailblazer like Joseph E. Lockridge?
- g. Three letters of recommendation (e.g. school, pastor, employer, or well-known friend, etc)
- h. Church Affiliation Letter on Church Letterhead (can be the recommendation letter from local church pastor or member)
- i. Signed application and criteria checklist

METHOD OF SELECTION

- a. The selection committee will screen applications and determine finalists.
- b. Scholarship will be awarded to the students who best meet the eligibility requirements.

METHOD OF DISTRIBUTION

Scholarships will be presented at the Joseph E. Lockridge Awards Luncheon, scheduled for June 2015, at Golden Gate Missionary Baptist Church.

MAINTAINING SCHOLARSHIP

- a. JEL Scholarship Recipients must maintain a 2.5 GPA on a 4.0 grading scale at the college/university they attend.
- b. JEL Valedictorian Scholarship Recipients must maintain a 3.0 GPA on a 4.0 grading scale at the college/university they attend.
- c. Student must submit official online grade report transcript to the scholarship committee at the end of each semester. (Remember to include: Name of School, Student's Name, Student's ID, Cumulative GPA, and a List of Scheduled Classes for Next Semester)

Golden Gate Joseph E. Lockridge Scholarship Foundation

Scholarship Application Deadline: Tuesday, March 31, 2015 at 4:30 pm

NameFirst	Middle	 Last
1 1131	Middle	Lasi
Address		
Phone ()		Zip
Age Date of Birth	Gender	_
High School Name		
Principal's Name	Counselor's	Name
High School Mailing Address		
City and State	Zip Code	3
Phone	Email Ad	dress
Grade Point Average (GPA)	Class Rank	out of
SAT Score	ACT Score	_Graduation Date//
Father's Name	Occupati	ion
Mother's Name	Occupatio	on
Guardian's Name	Occupati	ion —————
Total number of family members livi	ngat home	
Number of dependent children in fami	ly (includingyourself)	
(Ages of dependent childre	າ)	
Number of dependentchildrenincol	lege	
What college do you plan to attend?		
What is your career objective?		

Please list the following:	
Honors or Awards:	
Scholarships:	
	_
	- -
Extra-curricular activities:	
Extra-curricular activities.	
Community activities/volunteer work:	
	_
	_
Special talents:	
	_

JEL CRITERIA CHECKLIST

	Submit your completed	application to:	
Applicant's Signature	Date Pare	nt/Guardian Signature	Date
to use my photograph or likene together)	ess, as needed, if I am chosen a	s a scholarship recipient. (Please	e submit all pages
Scholarship Foundation Team	to contact the references listed	n my application. I also authoriz	e Joseph E. Lockridge
·	this application's true I authori	ze representatives of the Josepl	h E. Lockridae
Please attach a current photogi mediapublications.	rapri (4x o) with this application.	f a scholarship is awarded, phot	os may be used in lo
Photograph:	ranh (1 v 6) with this application	f a echolarchin is awarded shot	os may be usad in la
official, and must include your r	· · · · · · · · · · · · · · · · · · ·	an <i>official transcript</i> , stamped and college entr	
	nool transcript with seal (overall o	,	and aigned by a caboo
Name of Church Leader	Name of Church	Work Phone & email addre	ess
	Name of Observat	Mark Dharra 9 anail adda	
Name of Community Leader	Title and Name of Organizati	 on Work Phone & email addre	ess
Name of Teacher/Counselor	School Name	Work Phone & e-mail addre	988
		 	
	e the following: character, attrib on Official Church Letterhead.	utes, leadership skills, commitme	nt, and initiative. Th
listed in your application. Attach	n a typewritten letter of recomm	endation from each reference. T	he letters of
References (Three Lette	,	urch leader who may be contacte	ed to verify information
Minimum 300 word essa	av		
	on requirements are met: I staff and submitted on School C	fficial Letter Head	
Parent's Tax Return (20	013 or 2014: 1040, 1040EZ, 104	OA or Schedule SE)	
completed and signed	арриосион		
Completed and signed			

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