



# THE REVEREND / DR. MARTIN LUTHER KING, JR. SCHOLARSHIP APPLICATION *For Havana Residents*



## ELIGIBILITY CRITERIA FOR SCHOLARSHIP AWARD

**APPLICATION DEADLINE:** June 30, 2025  
(Must be post dated by the deadline)

Applicant must:

1. Be a resident of the Havana Community area.
2. Be classified as a graduating senior.
3. Be accepted for enrollment in a two-year or four-year accredited college, university, or vocational/technical institution.
4. Submit a completed application packet by the application deadline. The application packet must include:
  - A. A typed or clearly printed application form.
  - B. An official (with seal) copy of the applicant's high school transcript verifying a 2.5 weighted GPA.
  - C. Three letters of recommendation from individuals other than relatives who can attest to the applicant's character, performance, and potential to succeed in college. Letters of recommendation from school personnel, religious leaders, etc. are encouraged.
  - D. A five (5) paragraph narrative of no more than 500 words entitled: "*How has the Dr. Martin Luther King Jr. Dream Benefited You and Your Life?*" (Make sure your essay is on the assigned topic.)

**NOTE:** *The recipient(s) will receive monetary award upon proof of enrollment in an accredited college, university, or vocational/technical institution and a copy of institution's semester transcript verifying semester GPA. (No Exception)*



**THE REVEREND / DR.  
MARTIN LUTHER KING, JR.  
SCHOLARSHIP APPLICATION  
*For Havana Residents***

**Please type or print and submit all required information; otherwise  
your application will not be considered for this award.**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Cell No. \_\_\_\_\_ Email Address: \_\_\_\_\_

( ) Male ( ) Female School: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Parent(s) names: \_\_\_\_\_

**Please use additional paper or the back if not enough space is provided.**

Have you applied or been awarded any other form of financial assistance for continuing your education?

YES \_\_\_\_\_ NO \_\_\_\_\_ APPLIED \_\_\_\_\_

If yes or applied, please explain:

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Have you applied or qualified to receive any type of federal grant(s)?

YES \_\_\_\_\_ NO \_\_\_\_\_ APPLIED \_\_\_\_\_

If yes or applied, please explain:

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What extra-curricular activities have you been involved in while in high school?

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What leadership position(s) have you held in high school and/or in your community?

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What awards have you received while in high school and/or in your community?

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What college or university do you plan to attend?

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What is your second choice if you are not accepted at the above college or university?

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What is your desired major? \_\_\_\_\_

Principal's/Counselor's Signature:

\_\_\_\_\_  
*I hereby declare that this applicant is a graduating senior and worthy to receive this award.*

**APPLICATION DEADLINE: June 30, 2025**

**(Must be post-dated by deadline or prior to date)**

**APPLICATIONS SHOULD BE SUBMITTED TO:**

*Dr. Martin L. King, Jr. Committee*

*Post Office Box 1035*

*Havana, FL 32333*

**OR**

*Email to: havanamlkscholarship@gmail.com*