Robinson Scholarship Application

Application Deadline: April 21, 2015

APPLICATION CHECKLIST

_______ Completed Application and Essay
_______ High School Attendance Record
_______ High School Transcript
_______ ACT Score Report (or PLAN report if ACT score is not available)
_______ Proof of Household Income
_______ Resume
_______ Two Letters of Recommendation (can be sent separately; see instructions for additional information)

Submit the completed application packet and all supporting materials to:

Robinson Scholars Program – Jackson Regional Office
Attn: Scholarship Selection Committee
130 Robinson Road
Jackson, KY 41339

PLEASE NOTE: Incomplete applications will NOT be considered for the Robinson Legacy or Excellence Scholarship.
Scholarship Application

BASIC INFORMATION

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<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
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<th>Date of Birth (mm/dd/yyyy):</th>
<th>Social Security Number:</th>
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CONTACT INFORMATION

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<th>Mailing Address (Street, Route, or P.O. Box only):</th>
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<th>City:</th>
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<th>County of legal residence:</th>
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<th>Student’s Email Address:</th>
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<th>Parent’s Email Address:</th>
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<th>Home Telephone Number (xxx-xxx-xxxx):</th>
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ACTIVITIES

Extracurricular activities, community service, and enrichment activity involvement will be evaluated based upon information submitted to the Robinson Scholars program for your sophomore year (2013-2014). You may list all activities (including those that you have participated in this year) on your resume.

HIGH SCHOOL/ACADEMIC INFORMATION

Please include a copy of your current high school transcript and most recent ACT Score report with your application packet. You will include your unweighted GPA, Composite ACT/PLAN Score, and a list of AP or Honors courses that you have taken on your resume.

FAMILY INFORMATION

ATTENTION: THIS SECTION IS TO BE COMPLETED ONLY BY THE PARENT OR LEGAL GUARDIAN*

* Guardianship is a legal relationship between a capable adult (the guardian) and a ward, either a minor (a person under eighteen years old) a person, or a legally disabled person. A legal guardian has the powers and responsibilities of a parent regarding the ward’s support, care, and education.

Name of Father or Male Legal Guardian (if applicable):

Please indicate the highest level of education completed for Father/Male Legal Guardian (check one):

☐ 8th Grade or Less ☐ High School or equivalent ☐ Vocational/Technical School (2 year degree)

☐ Some College ☐ Bachelors/4-year degree or higher

Name of Mother or Female Legal Guardian (if applicable):

Please indicate the highest level of education completed for Mother/Female Legal Guardian (check one):

☐ 8th Grade or Less ☐ High School or equivalent ☐ Vocational/Technical School (2 year degree)

☐ Some College ☐ Bachelors/4-year degree or higher
FINANCIAL INFORMATION

TO BE COMPLETED ONLY BY PARENT OR LEGAL GUARDIAN
This information is confidential. You may estimate household but you must provide verification of actual income to complete your application. Please attach a copy of your most recent tax return or other documentation that verifies your income.

Number of members in the household (check one):
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9+

Did you file a 2014 federal income tax return? (check one): ☐ Yes ☐ No

Please indicate your current household income in U.S. dollars. Please include all sources of income, including, but not limited to, earnings from jobs, Social Security, unemployment, retirement, Veterans Benefits, child support, KTAP:

$
CERTIFICATION AND SIGNATURE

I certify that the information given on this application is complete and correct. I also authorize the Robinson Scholars program to share my application materials, including transcripts, test scores, and attendance records, with persons reviewing scholarship applications. Deliberate falsification may subject me to immediate dismissal from consideration for the Robinson Scholarship. The University of Kentucky is an equal opportunity institution. All first generation applicants shall be considered equally, regardless of economic or social status and will not be discriminated against on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, marital status, age, veteran status, or physical or mental disability.

Signature of Student

Date

Signature of Father/Male Legal Guardian

Date

Signature of Mother/Female Legal Guardian

Date
ESSAY QUESTION

Describe what it means to you to be the Robinson Scholar representative for your county. What qualities do you have that would make you a good scholar? How do you intend to use this opportunity to contribute to both the University of Kentucky and your home community? Please limit your response to **500-600 words typed, double spaced, with 1-inch margins**. Include your essay with the rest of your application packet and include your name.
Letter of Recommendation Instructions

Applicants:

Please provide these instructions to two individuals who have supervised or observed you in a leadership role at school or in your community, and who are willing to write a letter of recommendation on your behalf.

One letter should come from a representative from your school (for example: principals, teachers; guidance counselors) who can speak about your leadership and service at school.

Your second letter should come from a member of your community (for example: church leaders, job supervisors, leaders of community service organizations, sports coaches, or others) who can speak about your leadership and service in the community.

To the letter writer:

Thank you for submitting a letter of recommendation on behalf of the applicant to the Robinson Scholars program. In a separate letter, please answer the following questions:

- How long and in what capacity have you known the candidate? Describe the opportunities that you have had to observe or supervise their leadership skills.
- What impact has the candidate’s service and/or leadership had on their school or community? Describe the nature of their contribution.
- What skills or attributes does the candidate possess that will make them a good Robinson Scholar?

You may give the letter to the applicant in a sealed and signed envelope to submit with their application, or, you can mail the letter directly to the following address:

Robinson Scholars Program – Jackson Regional Office
Attn: Scholarship Selection Committee
130 Robinson Road
Jackson, KY 41339

If mailing your letter separately, please mail your letter in time to ensure delivery by April 21, 2015.
RESUME

Instructions: Using the template on the next page, please provide a brief (3 pages maximum) resume listing your education information, extracurricular activities and community service, work experience, and any awards or honors. You may add additional rows in each category if you need to provide additional information. If you do not have any information to provide in one of these areas, you may delete it from the template.

You can download this template electronically from the Robinson Scholars Website.
### Biography

[Your full name] (include a 80-100 word biography about yourself. You may include any information about yourself that you would like to share with the selection committee)

### Education

Name of High School  
**City, State**

- Unweighted GPA:  
- Composite ACT/PLAN Score:

**Names of AP or Honors Courses Taken:**

**Possible Major(s):** if you do not have a major that you are thinking about, put “undecided” here.

### Extracurricular Activities

- **Name of Club/Activity**  
  **YEAR - YEAR**
- **Name of Club/Activity**  
  **YEAR – YEAR**
- **Name of Club/Activity**  
  **YEAR – YEAR**
- **Name of Club/Activity**  
  **YEAR – YEAR**
- **Name of Club/Activity**  
  **YEAR – YEAR**

### Robinson Leadership Enrichment Activities

- **Enrichment Activities # 1**  
  **Month/Year**
- **Enrichment Activities #2**  
  **Month/Year**
- **Enrichment Activities #3**  
  **Month/Year**
- **Enrichment Activities #4**  
  **Month/Year**
- **Enrichment Activities #5**  
  **Month/Year**

### Community Service

- **Organization/Activity # 1**  
  **Month/Year**  
  Total number of community service hours:
- **Organization/Activity #2**  
  **Month/Year**  
  Total number of community service hours:
- **Organization/Activity #3**  
  **Month/Year**  
  Total number of community service hours:
- **Organization/Activity #4**  
  **Month/Year**
Total number of community service hours:
- Organization/Activity #5
  Month/Year

Total number of community service hours:

Total number of all community service hours completed:

Work/Internship/Job Shadowing Experience
- Place of Employment, Job Title
  YEAR - YEAR
- Place of Employment, Job Title
  YEAR – YEAR
- Place of Employment, Job Title
  YEAR – YEAR

Awards and Honors
- Award/Honor #1
- Award/Honor #2
- Award/Honor #3