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**Young Men Going Places $1000 Scholarships Program**

**Purpose:**  
To provide scholarships to deserving black young men who are graduating seniors needing assistance in funding their higher education. If you are a student attending a public high school in Wayne County you may be eligible for our scholarships. See eligibility information on the application instructions.   
  
**Qualifications:**  
  
\* Ethnicity must be black or from African American descent

\* Applicant must be attending an accredited college/university or other post-secondary educational institution

\* Provide copy of student ID (if your program issues one)  
  
\* Provide copy of a State Identification Card  
  
\* Letter of Recommendation Form from school instructor (form provided)  
  
\* Recipients must provide follow-up photo requested by Goldsboro Bus Company

\* A brief essay (500 words or less) on where you see yourself in the next 10 years and what steps will you take to get there

**Scholarship Info:**

\* 1-2 Scholarships awarded annually

\* Each Scholarship is for $1000.00

\* This is one-time only scholarship per person

\* This scholarship will be decided by a panel of community advocates  
  
\* Deadline is May 1st, 2020, 5:00PM (no exceptions)  
  
\* Scholarship money will go directly to awardee’s institution

\* Scholarship will be announced by June 30th, 2020

**Young Men Going Places (YMGP) Scholarships**

**Application 2020**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please **type** or **print** your answers. If application is illegible it will be discarded. | | | | |
| 1. | Last Name: | | | First Name: |
| 2. | Mailing Address::  Street:  City: State: ZIP: | | | |
| 3. | Daytime Telephone Number: ( ) | | | |
| 4. | Email: | | | |
| 5. | I will be enrolled in the following school/program in 2020: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Proof of acceptance or current student enrollment from the above school is **required prior to receipt of funds.** | | | |
| 6. | **Personal Essay**  ***Where do you see yourself in the next 10 years and what steps will you take to get there?***  Submit your response on separate sheet along with this application [500 words max] | | | |
| 7. | A. The following items must be attached to this application in order for the application to qualify to be  Reviewed by the scholarship committee.  B. Your application will be discarded if these items are not attached to this application. (No exceptions.)  C. Circle “YES” or “NO” to be sure you have attached each item as required. | | | |
|  | YES | NO | Completed, signed application form [this form] | |
|  | YES | NO | Copy of State ID card | |
|  | YES | NO | Copy of college or program Student ID (If your program issues one) | |
|  | YES | NO | Instructor Letter of Recommendation Form (form provided) | |
|  | YES | NO | Personal Essay: What have you dreamed of becoming and how it will change your life and the life of others? [500 words maximum] | |

**STATEMENT OF ACCURACY**

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote Young Men Going Places Scholarships program. If chosen, applicant must consent to mentorship program and attendance to annual event.

Signature of scholarship applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All Paperwork Can Be:**

|  |  |
| --- | --- |
| **Scanned and Emailed To:** | [**goldsborotours@bellsouth.net**](mailto:goldsborotours@bellsouth.net) |
| **Submit By Mail To:** | **411 N. William St. Goldsboro, NC 27530** |
| **Submit To School Guidance Counselor:** | **Goldsboro High School Applicants only** |

**REMEMBER**

The deadline for this application to be received is **May 1st, 2020, 5:00 p.m.**

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| **Young Women with Vision Scholarship Program** |  |

**RECOMMENDATION FORM**

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| --- | --- |
| **gENERAL INFORMATION** | |
| Instructor/Recommender Name: |  |
| Applicant Name: |  |
| Program Name and Address: |  |
| Phone Number: |  |
| Email: |  |

|  |  |  |
| --- | --- | --- |
| **CHECKLIST** | | |
|  | How long have you known the applicant? |  |
|  | On average, how large is your classroom size? |  |
|  | Would the applicant rank in the top 20% of the class? |  |
|  | Please describe the applicant’s attitude towards academic work. |  |
|  | Please describe the applicant’s reliability. |  |
|  | Please describe the applicant’s ability to work with others. |  |
|  | What are the applicant’s strengths? |  |
|  | What are the applicant’s weaknesses? |  |
|  | Would you hire this applicant? |  |
|  | Signature of Recommender |  |