

Dr. Martin Luther King, Jr. OBSERVANCE DAY ASSOCIATION, INC.

1206 Martin Luther King, Jr. Blvd. • Savannah, GA, 31415 • 912-234-5502

January 1, 2024

RE: Dr. Martin Luther King, Jr. Observance Day Association 2024 Memorial Scholarship

Dear High School Counselors:

On behalf of the Dr. Martin Luther King, Jr. Observance Day Association, Inc., we are pleased to announce the 2024 Dr. Martin Luther King, Jr. Memorial Scholarship Awards Program.

We are enclosing a scholarship application. Please provide a copy to **ALL** eligible seniors at your school.

The minimum requirements for eligibility are: GPA of 80, SAT 800 or ACT18.

Please make sure that ALL eligible seniors are notified of this opportunity and emphasize the required guidelines. Any questions may be referred to Mrs. Davida Harris--Jones, chairperson of the Memorial Scholarship Awards Program at (912) 234-5502.

The deadline for submission of the application, the required supporting documentation and essay listed on the application: Friday, March 15, 2024.

Applications are also available at the office of the president of the Martin Luther King, Jr. Observance Day Association, Inc., at 1206 Martin Luther King Blvd. (at the corner of West Duffy Street).

Thank you for your cooperation with this project.

Sincerely,

Ms. Faith Douglas, Co-Chairperson 2024 Memorial Scholarship Awards Program Mrs. Deborah Adams, President



MARTIN LUTHER KING, JR. OBSERVANCE DAY ASSOCIATION, INC. MEMORIAL SCHOLARSHIP APPLICATION $_$

Name:				
	(Please print)			
Address:				
City:				
Telephone:	(h)	(m) _		(w)
School:		Telephone: _		
Parent/Guardian's Name				
Parent/Guardian's Phone Number				
Parent/Guardian's Email				_
Grade Point Average:	_ As of:	(GPA of 80	or greater is requir	ed)
College Entrance Exam Scores (SAT	CR+M) 800 CR	M	or ACT (18)	
Passed all five (5) parts of the GHSG	GT: Yes	NO	_	
Complete the activities section on the	ne back of this form:			
	ESSAY REQUIRE	<u>MENTS</u>		
In a 500-word essay (typewritten ar themes and discuss how it relates t			plicate one of the	following
 Dr. King's Legacy Peace Li Bring Peace With Words N His Dream, Our Purpose T 	ot Violence	Harmony		
Counselor's Name (printed)(I verified that all information submi	tted is accurate)	Signature _		



RELEASE OF INFORMATION

Parent/Guardian permission is necessary for the counselor to release GPA, college exam scores and any other pertinent information to the MLK Memorial Scholarship Awards Committee upon/request.

We	and
We(Parent/Guardian Signature)	and(Applicant's Signature)
All information received will be held strictly If your application is not in compliance, you	confidential by judges and committee members ir entire submission WILL BE DENIED.
Extracurricular Activities – High School (Include g	grade year and amount of time involved)
Community / Volunteer Activities (Include grade y	ear and amount of time involved)



Church/Religious Activities (Include name of church/religious activities and grade year involved)			

Completed applications and essays should be mailed or delivered to:

Faith Douglas or Davida Harris-Jones - Chairs

Office of the President, MLK Observance Day Association, Inc.
MLK Memorial Scholarship Program
1206 Martin Luther King, Jr. Blvd.
Savannah, Georgia 31415

DO NOT SUBMIT A RESUME --- THIS FORM WILL BE THE ONLY ONE ACCEPTED !!!!!!!!!!!!!