

MICHIGAN BLACK CAUCUS  
**MBC**

LOCAL ELECTED OFFICIALS

**Book Scholarship Award Application**

**Personal Information**

Applicant Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Permanent Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Academic Information**

High School \_\_\_\_\_ GPA \_\_\_\_\_

College where you are enrolled \_\_\_\_\_

Area of Study \_\_\_\_\_

Have you completed a semester or more of college? \_\_\_\_\_ Collegiate GPA \_\_\_\_\_

**References**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

(Initial) \_\_\_\_\_ I understand my name and information from my academic history may be released to the scholarship selection committee. If awarded a scholarship, I release to MBC-LEO the right to arrange a meeting with the scholarship committee, and use my name, story, and picture for printed and video materials, reports, and press releases, without compensation, as well as attend ceremonies and receptions as required.

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**MBC-LEO Office Use Only**

Staff Liason Signature \_\_\_\_\_ Applicant GPA \_\_\_\_\_

Scholarship Recommended \_\_\_\_\_ Amount \_\_\_\_\_

President or Treasurer Signature \_\_\_\_\_

Scholarship Awarded (Y/N) \_\_\_\_\_ Date \_\_\_\_\_