MLK Youth Scholarship Awards

Thank you for taking the time to nominate this student for a MLK Youth Legacy Award.
Application Deadline: Friday, December 2, 2011

Nominees will be notified as soon as received.
Want to submit Online?: www.mlkcelebration.com

Return the completed application to:
Brenda Burt
Austin Area Heritage Council
P.O. Box 81807, Austin, TX 78708

NOMINEE INFORMATION

NAME _____ AGE _____ GRADE _____

ADDRESS ***(must be students address & phone number for notification)*** _____

CITY _____ STATE _____ ZIP _____

PHONE ***(please include)*** _____ SCHOOL _____

NOMINATOR INFORMATION (ALL INFORMATION REQUIRED)

NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE ***(please include)*** _____ RELATIONSHIP TO NOMINEE _____

CATEGORIES

Check the category for which you are nominating the student. **Choose one category per student.**

Applied Materials Foundation Awards
[ ] Academic Excellence/Education
[ ] Arts [ ] Math & Science
[ ] Community Service
[ ] Mitchie Mitchell Beating the Odds

Seton Family of Hospital Awards
[ ] Academic Excellence/Education
[ ] Community Service [ ] Spirit Award
[ ] Youth Humanitarian [ ] Youth Leadership

1. Please describe your reasons for nominating the person above. Include in your response: (a) What personal characteristics illustrate the nominee's outstanding traits? Include examples. (b) What barriers has the nominee had to overcome to succeed in this area? (c) Include GPA. Include examples. ***Feel free to attach additional comments and / or documentation.***

2. Please list organizations to which the nominee belongs, positions held, and the year (s) of participation.

3. List specific activities in the area for which the nominee is being nominated. What honors and successes have he or she had related to this category?

4. What leadership has the nominee demonstrated in this specific area?

I affirm that the above information is accurate to the best of my knowledge. I also understand that the information submitted can be used at the discretion of the Heritage Council.

SIGNATURE _____ DATE _____

THIS APPLICATION IS A SELF-MAILER. PLEASE REFOLD THE APPLICATION, TAPE IT CLOSED (DO NOT STAPLE), AND MAIL IT BACK TO US. THANK YOU FOR YOUR PARTICIPATION.

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