



# The Robert Lee Macklin Scholarship Fund

P.O. Box 8429 Fort Worth, TX 76124

## Contact Info.

rlmack.sf\_07@bcglobal.net

817.929.9677

Fax: 817.413.7422

## Board of Directors

### President

Mrs. Robin Anderson

### Vice President

Mrs. Christina Lewis

### Secretary

Mrs. Sherry Cotton

### Treasurer

Mr. Mose Brown

### Public Relations

Mr. Anthony Coleman

## Scholarship Requirements

### All Areas of study are Applicable

### Applicant requirements:

- U.S. citizen or permanent resident who resides in Tarrant County.
- **Current high school senior.**
  - Cumulative GPA of 2.8 or higher.
  - Accepted in an accredited college or university. (Please attach a copy of the acceptance letter.)
  - Official Transcript required.
- **Former RLMSF award recipients** (Eligible to reapply within 5 years of current year).
  - Currently enrolled as a full time undergraduate student in good standing at an accredited college or university.
  - Cumulative GPA of 3.0 or higher.
  - Official Transcript required.

**Award amount:** Up to \$1,000 for each academic year.

**Applications and Letters of Recommendation must be postmarked by midnight April 23, 2017.** The Board will not review nor consider incomplete applications. Please read each question thoroughly and respond to all questions that apply. All applications will be reviewed and the candidates for consideration will be contacted either by phone or e-mail to schedule the personal interview.

If you have any questions on the material or requirements, please email us at [rlmack.sf\\_07@bcglobal.net](mailto:rlmack.sf_07@bcglobal.net).

Best Regards

Robert Lee Macklin Scholarship Fund  
Board of Directors



# The Robert Lee Macklin Scholarship Fund

P.O. Box 8429 Fort Worth, TX 76124

Email: [rlmack\\_sf\\_07@bcglobal.net](mailto:rlmack_sf_07@bcglobal.net)

For Office Use Only; Date rec'd: \_\_\_\_\_

## I. PERSONAL DATA

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Name of High School \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**II. GRADE POINT AVERAGE/TRANSCRIPT.** High School GPA \_\_\_\_\_ out of a scale of 4.0.

**Please attach a copy of your CURRENT TRANSCRIPT.**

**\*Note:** An **OFFICIAL TRANSCRIPT** showing final GPA will be required to receive the scholarship award.

## III. ACADEMICS/EDUCATION

List any Advanced /College-level courses completed:

Course \_\_\_\_\_ Date attended \_\_\_\_\_ School \_\_\_\_\_

Course \_\_\_\_\_ Date attended \_\_\_\_\_ School \_\_\_\_\_

Course \_\_\_\_\_ Date attended \_\_\_\_\_ School \_\_\_\_\_

Name of Institutions you have already applied to attend. **Please attach proof of acceptance.**

**"Waiting a Response" signifies No response at time of submission.**

\_\_\_\_\_ Accepted ( ) Waiting a Response ( )

\_\_\_\_\_ Accepted ( ) Waiting a Response ( )

\_\_\_\_\_ Accepted ( ) Waiting a Response ( )

Intended Major \_\_\_\_\_ Declared Major (if applicable) \_\_\_\_\_

## IV. PERSONAL ASPIRATIONS/CAREER GOALS.

On a separate sheet of paper, describe your personal aspirations and career goals in 200 words. Include how you will impact your community. **\*Note:** responses must be type-written.

## V. VOLUNTEER/WORK EXPERIENCE OR SCHOOL ACTIVITIES.

On a separate sheet of paper, describe your recent volunteer experience, work experience, and school activities in 250 words. **\*Note:** Responses must be type-written.

High School Applicant



# The Robert Lee Macklin Scholarship Fund

P.O. Box 8429 Fort Worth, TX 76124

Email: [rlmack\\_sf\\_07@bcglobal.net](mailto:rlmack_sf_07@bcglobal.net)

## VI. LETTERS OF RECOMMENDATION.

Two letters of recommendation are required. One must be a current teacher or a school administrator familiar with your academic work. Second letter must be from a person (not a relative) who is familiar with your character. Use the Recommendation Forms provided. The recommendations must be mailed by the person writing the recommendation.

## VII. FINANCIAL NEED.

On a separate sheet of paper, describe the importance scholarship assistance would provide in meeting your educational pursuit in 150 words. This information must be verifiable. This is a need-based scholarship.

**\*Note:** Responses must be type-written.

## VIII. CERTIFICATION

I certify that all the information on this form is true and complete to the best of my/our knowledge. If asked by any authorized official of Robert Lee Macklin Scholarship Fund, I agree to give documentation for information given on this form. I realize that failure to comply with a request for further information may prevent the applicant from consideration. I understand that the financial information will be confidential, for review solely by Robert Lee Macklin Scholarship Fund.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**\*Note:** *Handwritten responses to sections IV – VII will not be considered.*

*Carefully review essay responses for grammar, punctuation, and content.*

## APPLICATION PACKET CHECKLIST:

- Application completed and signed.
- Copy of current school transcript.
- Copy of College/University acceptance letter.
- 2 recommendation letters (mailed separately before the deadline).
- Photography consent form completed and signed.

**SUBMIT COMPLETE APPLICATION PACKET TO THE ADDRESS ABOVE.**



# *The Robert Lee Macklin Scholarship Fund*

P.O. Box 8429 Fort Worth, TX 76124

Email: [rlmack\\_sf\\_07@bcglobal.net](mailto:rlmack_sf_07@bcglobal.net)

## *Letter of Recommendation*

**Please complete in blue or black ink.**

Name of Nominee: \_\_\_\_\_ . Date: \_\_\_\_\_

The Robert Lee Macklin Scholars are selected primarily on the basis of need, leadership potential, high academic achievement, and prospects for continuing academic success.

Please discuss the candidate's suitability with emphasis on academic performance, intellectual capabilities, and personal characteristics (confidence, persuasiveness, diligence, conviction, vitality, poise, etc.) in a typed recommendation letter.

Your Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

How long have you known the nominee? \_\_\_\_\_

In what capacity? \_\_\_\_\_

*Please sign and return the completed form and recommendation to the address listed below. Your evaluation will become part of the nominee's confidential file, for use only by the Robert Lee Macklin Scholarship Fund Selection Committee. It will not be released to the nominee.*

**Mail this letter to be received at the address below no later than midnight, April 23, 2017.**

The Robert Lee Macklin Scholarship Fund

P. O. Box 8429

Fort Worth, TX 76124



# *The Robert Lee Macklin Scholarship Fund*

P.O. Box 8429 Fort Worth, TX 76124

Email: [rlmack\\_sf\\_07@bcglobal.net](mailto:rlmack_sf_07@bcglobal.net)

## *Photography Consent Form*

I hereby grant full permission to The Robert Lee Macklin Scholarship Fund to use my photograph, name, or likeness in any of its publication and/or advertising materials printed or electronic.

---

Name

---

Address

---

City

State

Zip

(      )

(      )

---

Home Phone

Cell Phone

Email

---

Signature

Date