

RiseUp Community Development Corporation

PO Box 355

Renton, WA 98057

E-mail: info@RiseUP-CDC.org

www.RiseUp-CDC.org

RiseUp- CDC 2024 Scholarship Application

Please attach this sheet as your Front Cover page

Board of Directors

Rhonda Wilkerson
Chair

Cheryl Keyes
Co-Chair

Bonnie Wong
Secretary

Andres Villalba
Treasurer

Karen Gamez

Mary Reed

Rev Dr. Leslie D. Braxton
Founder / Ex Officio Member

Today's Date _____

Applicant Name _____

The following are the Scholarship Eligibility Requirements in order to be considered:

The student must:

- Reside in the Puget Sound Area
- Be Accepted/Enrolled Into an accredited College, University or Professional School (anywhere in the country, or abroad)
- Have a 2.5 GPA or better
- Have demonstrated any one or combination of the following:
 - Strong Record of Community Service
 - Leadership Ability
 - Positive Citizenship

Required Documents to Submit:

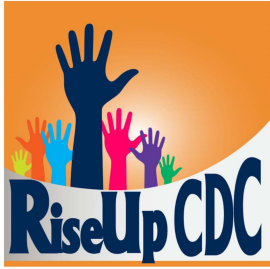
- The RiseUp- CDC Scholarship Application
- A Personal narrative outlining your community service, leadership, positive citizenship for 2023
- (2) Letters of Recommendation on school or business letterhead
- An Current Transcript for the 2023 - 2024 School Year

Deadline:

All Scholarship Documents must be postmarked or e-mailed by MIDNIGHT
May 31, 2024

Return to: RiseUp-CDC
Scholarship Attn:
Rhonda Wilkerson
PO Box 355
Renton, WA 98057

E-mail to: info@RiseUp-CDC.org



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www.RiseUp-CDC.org

RiseUP Community Development Corporation 2024 Scholarship Application

Please Print Legibly

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First Name

Middle Name

Last Name

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Parent or Guardian Name

| | |
|---|--|
| <input type="checkbox"/> Male <input type="checkbox"/> Female | |
|---|--|

Gender

Birth Date

| | | |
|---|------------------------------------|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Other _____ |

Ethnicity

Mailing Address (Not School Address)

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Street

| | | |
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City

State

Zip

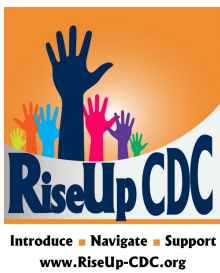
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Primary Phone Number

Alternate Phone Number

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Email Address



First Year Students

High School Senior Yes No

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Name of High School

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| | | <input type="checkbox"/> Yes <input type="checkbox"/> No University, College, Technical or Trade School Acceptance Received? |
|--|--|--|

Graduation Date

GPA

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Name of Institution

Continuing Education Students

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|---|-----|--|
| <input type="checkbox"/> Undergraduate Degree Program | GPA | |
|---|-----|--|

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Name of University, College, Technical or Trade School

Current Year Designation

Freshman
 Sophomore
 Junior

Senior
 Other (Please Specify)

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Graduate Degree Program

GPA

Masters Degree, MDiv. Specify Degree:

Ph D., D. Min Specify Degree:

Other Specify Degree:

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Returning Student, Not Currently Enrolled