

RiseUp South King County Scholarship Fund

PO Box 355

Renton, WA 98057

www.RiseUpSKC.org

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RiseUpCDC 2025 Scholarship Application

Please attach this sheet as your Front Cover page

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:

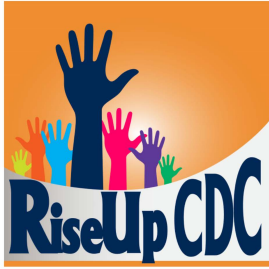
- ☐ The RiseUp CDC Scholarship Application
- ☐ A Personal narrative outlining your community service, leadership, positive citizenship for 2024-2025
- ☐ (2) Letters of Recommendation on school or business letterhead
- ☐ An Current Transcript for the 2024 - 2025 School Year

Deadline:

All Scholarship Documents must be postmarked or e-mailed by MIDNIGHT May 31, 2025

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

E-mail to: rhonda.wilkerson59@gmail.com



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www.RiseUp-CDC.org

RiseUP CDC 2025 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	
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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

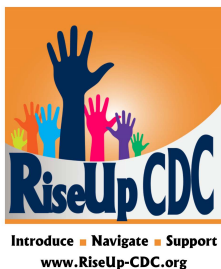
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Primary Phone Number

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

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

GPA

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Name of Institution

Continuing Education Students

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

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:

☐ Returning Student, Not Currently Enrolled