



# BCON Scholarship Application

## INTRODUCTION

The Black Community Organizations Network (BCON) will offer \$500 book scholarships to African-American high school graduating seniors. The purpose of this scholarship is to provide additional financial assistance to young adults during their freshman year at a college or university of their choice. **(Scholarships are not offered to graduates entering any Military Academy).**

## INSTRUCTIONS

1. The BCON scholarship committee will provide scholarship applications to local high schools, churches, and community organizations. These applications are to be distributed to qualified high school seniors.
2. Eligibility is restricted to graduating African-American high school seniors who have completed a minimum of 50 hours of voluntary community service.
3. The applicant is responsible for submitting the following application materials:
  - a) Complete application
  - b) Official High school transcript (including 7th semester; sealed from high school)
  - c) Letter of recommendation from a school official (on letterhead)
  - d) Documentation of voluntary community service hours (at least 50 hours)
  - e) Applicant's personal statement (500) words or less
4. All completed application packets are to be postmarked to the **BCON Scholarship Chair by Friday, April 10th at 5:00 pm.**
5. The BCON scholarship committee will select the scholarship recipients one week prior to the BCON ceremony. Applicants will be evaluated on the following areas: a) grade point average (G.P.A.) b) school and community involvement c) letter of recommendation (on official letterhead) d) voluntary community service e) personal statement and f) overall neatness of application. Each category is worth 10 points. All finalists will be notified of an interview date. The recipients will be the applicants receiving the greatest total points (including interview points).
6. The BCON scholarship committee will notify scholarship recipients before the annual BCON celebration. Winners will be recognized during the annual BCON Baccalaureate ceremony on Tuesday, May 20, 2025. **Recipients must be present at the BCON ceremony.**

For concerns, questions or more information contact Dr. Tya Mathis-Coleman, Scholarship Chairperson, at 702-375-1313 or tmathis1913@gmail.com

### **Send application by April 10, 2026 at 5:00 pm:**

Attn: Dr. Tya Mathis-Coleman  
BCON Scholarship Chairperson  
P.O. Box #270011 LV, NV 89127



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(To be completed by applicant – PLEASE TYPE or PRINT)

**APPLICANT'S NAME:** \_\_\_\_\_ **STU #** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE NUMBER** (\_\_\_\_) \_\_\_\_\_ **HIGH SCHOOL** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PARENT'S NAME**

\_\_\_\_\_

**POST SECONDARY COLLEGE** \_\_\_\_\_

**POST SECONDARY MAJOR** \_\_\_\_\_ **MINOR** \_\_\_\_\_

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**APPLICANT INFORMATION** (List involvement in clubs, organizations & awards)

**SCHOOL CLUBS, ORGANIZATIONS, & TEAMS:**

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**SCHOOL AWARDS & RECOGNITION:**

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**COMMUNITY ORGANIZATIONS, AWARDS, & RECOGNITION:**

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I hereby declare, to the best of my knowledge, that the foregoing statements are complete and true.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_



**APPLICANT'S NAME:**\_\_\_\_\_ **STU #** \_\_\_\_\_

**APPLICANT'S STATEMENT**

Please provide a statement to the following question.

“What are your future plans and why do you think you should receive this scholarship award? Please limit it to 500 words or less. You may attach your statement on a separate page (type or print neatly).

APPLICANT SIGNATURE\_\_\_\_\_DATE \_\_\_\_\_

**Send application by April 10, 2026 to:**

Attn: Dr. Tya Mathis-Coleman  
BCON Scholarship Chairperson  
P.O. Box #270011  
Las Vegas, NV 89127



**APPLICANT'S NAME:** \_\_\_\_\_ **STU #** \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

***SCHOOL OFFICIAL'S REFERENCE PAGE***

Note: Person giving reference must not be related to the applicant. Please feel free to attach the letter of recommendation on the official letterhead.

NAME \_\_\_\_\_ TITLE/POSITION \_\_\_\_\_

SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

***BRIEF STATEMENT***

Please write a statement expressing your knowledge of the applicant. Include how long you have known the applicant, and what you believe to be their potential for success in college.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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BCON Scholarship Chairperson  
P.O. Box #270011  
Las Vegas, NV 89127



**APPLICANT'S NAME:** \_\_\_\_\_ **STU #** \_\_\_\_\_

***COMMUNITY SERVICE 50 HOURS OF DOCUMENTATION***

Note: This form is optional; will accept letters and other forms verifying service hours.

NAME \_\_\_\_\_ TITLE/POSITION \_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Date	Description of Service	Signature	Hours
		<b><u>Total Hours</u></b>	

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**to:** Attn: Dr. Tya Mathis-Coleman  
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