



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
 - 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 9th at 5:00pm.**
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 b) school involvement c) letter of recommendation 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 in May 2021. **Recipients must be present at the BCON ceremony.**

For concerns, questions or more information contact Tya Mathis-Coleman, Scholarship Chairperson, at 702-375-1313 or mathitr@nv.ccsd.net

Send application by April 9, 2021 to:

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



(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 _____

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

SCHOOL CLUBS, ORGANIZATIONS, & TEAMS:

SCHOOL AWARDS & RECOGNITION:

COMMUNITY ORGANIZATIONS, AWARDS, & RECOGNITION:

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 to 500 words or less. You may attach your statement on a separate page (type or print neatly).

APPLICANT SIGNATURE _____ **DATE** _____

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BLACK COMMUNITY ORGANIZATIONS NETWORK

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 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 applicant, and what you believe to be their potential for success in college.

Signature: _____ **Date:** _____

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BLACK COMMUNITY ORGANIZATIONS NETWORK

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
		<u>Total Hours</u>	

Supervisor's Signature: _____ Date: _____

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