"SERVING YOUTH"

SCHOLARSHIP APPLICATION

A collaborative effort between the Sallie Davis-Brewer Foundation and the Black Alumni of Lawrence University

Application for Scholarship
"Serving Youth"
A collaborative effort between the Sallie Davis-Brewer Foundation and the Black Alumni of Lawrence University

Name		
(Last)	(First)	(Middle)
Address		
(Number & Street) Zip code)	(Apt. #)	(City, State,
Геlерhonе ()	-	
Parent(s)/Guardian(s)		
(Name)	(Relationship)	
(Name)	(Relationship)	
Address (If different from above)		
Геlерhonе ()	-	
Date of Birth Age_	Male	Female
Name of High School		
Address		
(Number & Street)		tate, Zip code)
School related extra-curricular activities	<u> </u>	
Awards/Honors		
List any community activities/organizati	ons in which you have b	een involved.
List your hobbies and special talents		

Have you applied for financial aid (FAFSA)?				
	ESSAY			
Sallie Davis-Brewer was a wor and community. She served or social and economic stability worked for over three decades help them to pursue their acad	n a variety of co to the Chicag s. She had a pa	ommunity boards that worked to community in which she assion for young people and	d to bring lived and	
Based on the ideals Sallie Davis explaining why you believe you Foundation Scholarship Award	should be con	, , ,	•	
TO BE SIGNED BY We realize that this award will transportation or other education	only be used to		oks,	
(Parent Signature)	(Date)	(Applicant Signature)	(Date)	

Lawrence University GPA Class Rank
Date of Expected Graduation
Please return the completed application with the following:
 The three recommendation forms (counselor, professor, personal). An official copy of your Lawrence transcript. A brief paragraph on what this scholarship opportunity means to you. The typed one-page essay.
Mail the complete application with supporting documents in a 9x12 envelope postmarked no later than September 29, 2014 to:
The Sallie Davis-Brewer Foundation Scholarship 400 Ashland Avenue Evanston, Illinois 60202
The applicant "cannot be a felon nor be in violation of any state or federal laws." The officers and directors of the Sallie Davis-Brewer Foundation shall be "held harmless from any and all liabilities which might result from actions directly and/or indirectly associated with the granting of this Award."
DO NOT WRITE BELOW THIS LINE
Date received Application complete Yes () No ()
Comments
Date Action Taken Accepted () Denied () Comments

Application for Scholarship

Professor Recommendation

Professor Name	Signature
Telephone	Date
	ave known the applicant, character traits, special college, and any other pertinent information that will

Application for Scholarship Counselor Recommendation

Student Name	Cianatura
	Signature
Telephone	Date
Please indicate how long you he alents, community service, poten formation that will assist the configuration that the configuration that will be configurated the configuration that the configuration that will be configurated the configuration that the config	ave known the applicant, character traits, special ential for success in college, and any other pertinent evaluators.

Application for Scholarship

Personal Recommendation

(Clergy, employer, community leader, coach)

Student Name			
	· Name Signature		
Position			
Address			
(Number & Street)	(City, State, Zip code)		
Telephone			
Please indicate how you know the applicant character traits, special talents, community any other pertinent information that will a	y service, potential for success in college, and		