

***Robbie Robinson Scholarship Fund***  
**P. O. Box 22544**  
**Savannah, Georgia 31405**



Dear Potential College Freshman:

We are pleased that you are making an application for the *Robbie Robinson Scholarship Fund*. There will be one award of \$1,500. **We strongly encourage you to be sure that your application and accompanying information is forwarded to us early.** An incomplete application will not be considered. It is your responsibility to make sure that we have received all necessary information. Applications will be accepted from August - June for graduating high school students.

The *Robbie Robinson Scholarship Foundation* was established by the family and friends of Robert E. Robinson in the city of Savannah in 1994. Mr. Robinson was a prominent Attorney, Alderman, and Judge Pro Tem in the city of Savannah. He was killed on December 18, 1989 by a mail bomber sent to his Abercorn Law Office in Savannah. With our benevolence, a deserving student will receive assistance to obtain his/her goals in higher education.

The following must be forwarded:

1. Application Form (Complete).
2. Copy of High School Transcript (Summer School and/or any special summer programs).  
Transcript should include all work from grades 10 through first semester senior year.
3. Reference Form completed by a teacher.
4. ESSAY: In a 200-word typewritten, double-spaced format, relate your viewpoint, feelings, and perception of the impact of the Civil Rights Movement on present day society.
5. Copy of parent or guardian's most recent federal income tax form.

All completed packets should be directed to:

**Robbie Robinson Scholarship Committee**  
**P. O. Box 22544**  
**Savannah, GA 31405**

The Committee will base its decisions upon the following for each applicant:

1. Student's academic record.
2. Participation in Community and Church activities.
3. Need for financial assistance.
4. Plan to major in a Public Service area in college.
5. Resident of Georgia for at least 2 years.
6. Member of current high school graduating class.
7. Essay.
8. Proof of acceptance at any historical black college or the University of Georgia.

*Robbie Robinson Scholarship Fund*  
P. O. Box 22544  
Savannah, Georgia 31405

ATTACH  
PHOTO  
HERE

**APPLICATION**

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
Last First Middle

HOME ADDRESS: \_\_\_\_\_

HIGH SCHOOL(S) ATTENDED: \_\_\_\_\_  
Name City State

Total number of immediate family (excluding self): \_\_\_\_\_

(a) Number of Sisters in High School \_\_\_\_\_ College \_\_\_\_\_

(b) Number of Brothers in High School \_\_\_\_\_ College \_\_\_\_\_

Total Family Annual Income: \_\_\_\_\_

Your Savings to Date: \_\_\_\_\_

Financial Aid you already have or anticipate getting: \_\_\_\_\_

Amount your family will be able to assist you with: \_\_\_\_\_

Your anticipated financial needs for your first year: \_\_\_\_\_

(After considering all of your resources.)

Did (do) you work after school? \_\_\_\_\_ Yes \_\_\_\_\_ No If (yes) where? \_\_\_\_\_

Please list Community, Church, and Social Activities that you participate in:

<u>ACTIVITY</u>	<u>NUMBER OF YEARS</u>
_____	_____
_____	_____
_____	_____

At this time in your educational experience, in what area do you plan to make a career?

\_\_\_\_\_

What awards, certificates, honors, merits, etc., have been awarded to you?

\_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant's Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW THIS LINE.**

-----

DATE RECEIVED: \_\_\_\_\_ DATE APPLICATION FOLDER COMPLETED: \_\_\_\_\_

ACTION TAKEN: \_\_\_\_\_ COMMENTS: \_\_\_\_\_

\_\_\_\_\_

The application deadline for the Robbie Robinson Scholarship Fund is  
Wednesday, May 12, 2023.

**Robbie Robinson Scholarship Fund**  
**P. O. Box 22544**  
**Savannah, Georgia 31405**

Reference Form For: \_\_\_\_\_  
Student's Name

Teacher giving reference: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Subjects taught for above student: \_\_\_\_\_

Number of years taught: \_\_\_\_\_

**OBSERVATIONS**

Student is:	Hardworking	_____ Yes	_____ No
	Dependable	_____ Yes	_____ No
	Ambitious	_____ Yes	_____ No
	Good Moral Character	_____ Yes	_____ No
	College Material	_____ Yes	_____ No

Can you recommend this student as a recipient of this scholarship? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please provide us with any additional information you feel would be helpful to the scholarship committee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If needed, please use additional sheet.

**The application deadline for the Robbie Robinson Scholarship Fund Is**  
**Wednesday, May 12, 2023.**