

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 requested 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. The deadline is May 9, of each year.

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 Savannah State/Paine College/or University of Georgia.

Robbie Robinson Scholarship Fund

P.O. Box 22544

Savannah, Georgia 31405

АТТАСН РНОТО

HERE

APPLICATION

NAME:			TELEPHONE:	
Last	First	Middle		
HOME ADDRESS:				
HIGH SCHOOL(S) ATTENDED:				
	Name	City	Sta	ate
Total Number of Immediate Fai	mily (excluding self):			
(a) Number of Siste	ers in High School	College		
(b) Number of Brot		College		
Total Family Annual Income:				
Your Savings to Date:			_	
Financial Aid you already have	or anticipate getting:		_	
Amount your family will be able	e to assist you with:		_	
Your anticipated financial need	ls for your first year:			
(After considering all of your re				
Did (do) you work after school?	Yes	No	If (yes) where?	
<u>ACTIVITY</u>		<u>NUMBEF</u>	<u>R OF YEARS</u>	
At this time in your educatic	onal experience, in what	area do you plan	to make a career?	
What awards, certificates, h	onors, merits, etc., have	been awarded to	you?	
Signature of Applicant			Date	
Signature of Applicant's Day	ant ar Cuardian		Data	
Signature of Applicant's Pare			Date	
	PLEASE D	O NOT WRITE BELC	OW THIS LINE.	

The deadline for application is May 9, of each Year

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

Reference Form Fo	or:			
	Student's N	ame		
Teacher giving refe	erence:			
Address:				
Subjects taught for	r above student:			
Number of years ta	aught:			
		OBSERVATION	<u>S</u>	
Student is:	Hard-working	Yes	No	
	Dependable	Yes	No	
	Ambitious	Yes	No	
	Good moral chara	acter Yes	No	
	College Material	Yes	No	
Can you recomme	nd this student as a rec	ipient of this scho	larship?Yes	No
	with any additional info			

Use additional sheet if needed.

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