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.
8. Proof of acceptance at Savannah State/Paine College/or University of Georgia.
Robbie Robinson Scholarship Fund  
P.O. Box 22544  
Savannah, Georgia 31405

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 School Activities that you participate in:

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>NUMBER OF YEARS</th>
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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 deadline for application is May 9, of each Year
Reference Form For: ___________________________________________

                      Student’s Name

Teacher giving reference: __________________________________________

Address: _______________________________________________________

Telephone: _______________________________________________________

Subjects taught for above student: ___________________________________

Number of years taught: _______

OBSERVATIONS

Student is: Hard-working   ___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:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Use additional sheet if needed.

The deadline for application is May 9, of each Year