

RALEIGH MAYOR'S COMMITTEE
JAMES BENTON ACHIEVEMENT AWARD
2020 SCHOLARSHIP APPLICATION

The Raleigh Mayor's Committee for Persons with Disabilities will award two \$1000 scholarships to students with a disability recognized by the ADA.

Applicants must be **residents** of the City of Raleigh and must be enrolled in or have been accepted to an **accredited** undergraduate post secondary school, college, trade school or other institution of higher learning.

The selection of scholarship recipients shall be based upon academic performance, financial need, character, school and community activities, honors or awards, and ability to express him/herself in written form, personal motivation and/or leadership potential.

1. Applicant Data

Last Name: _____ **First Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone Number: _____ **Cell Phone Number:** _____

Email: _____

2. Parent or Guardian Information

Last Name: _____ **First Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone Number: _____ **Cell Phone Number:** _____

Email: _____

Parent or Guardian's Signature: _____

I certify that all information in this scholarship application is true and accurate to the best of my knowledge.

3. High School Data

School Name: _____

Graduation Date: _____ **(Month and Year) Grade Point Average:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Guidance Counselor Name: _____

Guidance Counselor Signature: _____

Telephone Number: _____

E-mail Address: _____

I certify that all information in this scholarship application is true and accurate to the best of my knowledge.

Note: If you are already attending college, the guidance counselor name and signature may be omitted.

4. College Data

School Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Expected Graduation Date: _____ **Are you presently attending? No** _____ **Yes** _____

If you are currently attending college and your high school information is not included above, include the name and signature of the Disability Services representative from your college or university:

Disability Services Representative Name: _____

Signature: _____

Telephone Number: _____

5. Goals and Objectives

On a separate sheet of paper, write an essay telling why you feel you deserve this scholarship. Please include your educational and/or career goals and objectives. Essay must be typed and must not exceed 400 words.

6. *Extra Curricular Activities and/or Work*

List all school, community, or work activities which you have been involved with during the past three years including any offices held. Indicate when you participated in these activities (high school, college) or if these activities are on-going.

7. *Honors*

List honors or awards received and corresponding dates.

8. *Applicant's Signature:*

Date: _____

I certify that all information in this scholarship application is true and accurate to the best of my knowledge.

Documents Required

- This completed, signed application (note: you must be a resident of Raleigh to qualify)
- Official copies of high school or (if applicable) undergraduate transcripts
- College acceptance letter
- Essay

Your application and all supporting documents must be **received** by:

May 29, 2020 at 5:00 PM

Please send completed application and supporting documents to:

Human Relations Commission
City of Raleigh
900 S. Wilmington St.
Raleigh, NC 27601

For questions, please call Lori Millette at 919-324-1128
Lori.Millette@ncdps.gov