

THE DR HORACE JACKSON LEGACY SCHOLARSHIP FUND Scholarship Information and Criteria Application Deadline: April 5, 2024

The Dr. Horace Jackson Legacy Scholarship Fund provides financial assistance in the form of scholarships to graduating high school students from John W. North who demonstrate a desire to continue learning and a deep commitment toward a better, more inclusive world.

Dr. Jackson was North High's second principal, recognized as a courageous, compassionate and innovative leader during a turbulent time nationally (1970-1976). On the multi-ethnic campus, Jackson established a unified culture of mutual respect and inclusion. He was known to be ever-present on campus, seeking ways to bring students together. Dr. Jackson influenced countless lives by showing confidence in his students and his staff. That legacy continues with the goal of equipping all North High graduates with the moral principle that every person is valued.

Recipients receive a \$3,000 scholarship award for two years to an accredited two-year college (\$3,000 per year). The scholarship awards are outright grant awards. No services will be required as a consequence of receiving the award. Scholarship funds are distributed each semester (\$1,500 per semester) based on full-time enrollment and maintaining a 2.7 or better GPA. Student will be required to provide transcripts of classes and grades by Jan.1 in order to receive the 2nd installment of the scholarship.

This award is renewable for one year. It will be the responsibility of the recipient to provide proof of the required designated GPA, full-time attendance, and appropriate approved curriculum to continue receipt of scholarship. Deadline for the receipt of the final college transcript, proof of attendance will be July 1 of each year. Failure to provide this information by July 1 will result in the scholarship being revoked.

Scholarship criteria:

- Minimum 2.7 G.P.A.
- Graduating senior from John W. North High School

• Show proof of full-time enrollment in a 2-year college at time of application and proof of registration in classes at the start of each semester

• Completed FAFSA form

• Exhibit involvement in community and/or school activities, which may include participation in an Academy program at North High.

The application packet MUST include:

- 1) Completed application form (online)
- 2) Proof of enrollment at community college/2-year college
- 3) Completed FAFSA form
- 4) 1 letter of recommendation
- 5) Personal statement
- 6) North High transcript (unofficial is acceptable)

** Please submit your applications to <u>dshackelford@iegives.org</u>.** Denisha Shackelford Inland Empire Community Foundation

For more information, contact Denisha Shackelford, Program Manager at dshackelford@iegives.org



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PLEASE PRINT OR TYPE:

I. APPL	ICANT INFO	ORMA	TION:		
Name:					
Last		First	Mi	ddle	
Address:					
Number	Street	Apt.	City	State	Zip Code
Home Phone	Number: ()		E-mail Address:	
Cell Phone #	:		_Birthdate:_		-
II. FAMI	LY INFORM	[ATIO]	N:		
Name of Pare	ent or Guard	ian:			
Address:					
Number	Street		City	State	Zip Code
Occupation:			T	elephone Number	:: <u>()</u>
III. TRAN	SCRIPT IN	FORM	ATION: A tr	anscript must be a	attached to this application
Name of Hig	h School:				

Cumulative GPA:

IV. MAJOR SCHOOL ACTIVITIES

List all school activities in which you have participated during the past 4 years

Activity	Which	Describe your role in this activity, any awards & special notes.
	years	(If you need more space, include a separate page.)

V. COMMUNITY ACTIVITIES

List all community volunteer activities in which you have participated during the past 4 years

Activity	Which	Describe your role in this activity, any awards & special notes.
	Years	(If you need more space, include a separate page)

VI. FINANCIAL NEED:

Please describe any financial needs, unusual family and/or personal circumstances.

FAFSA Form Completed and attached Yes No If so, what is your EFC (Estimated Family Contribution) as determined by FAFSA?

VII. Proof of enrollment in Community College

College ID#:	
Personal Email Address:	
Registration Date:	

VIII. PERSONAL STATEMENT:

Please tell your personal story, including events and experiences that have shaped your life. Describe why you believe that college will help you achieve your goals and also influence change in the future. What do you want to do?

Select one of these formats for your statement:

- Uvritten essay (min 500 max 1000 words)
- □ Video maximum of 5 minutes
- □ PowerPoint presentation maximum of 12 slides (submitted in pdf format)

IX. LETTER OF RECOMMENDATION:

Please attach one (1) letter of recommendation.

X. **APPLICANT CERTIFICATION**

I certify that the information provided in this application is complete and accurate to the best of my knowledge. I understand that the contents of this application will be shared with appropriate Review/ Approval Committees. If I am awarded a scholarship, information about me may be released for publicity purposes.

Printed Name:

Signature: _____ Date_____

** Please submit your applications to <u>dshackelford@iegives.org.**</u> DEADLINE - April 5, 2024