



525 SW 5th St. • Suite A
Des Moines, Iowa 50309-4501
Phone: 515-282-8192
Fax: 515-282-9117
E-mail: morris@assoc-mgmt.com
http://www.morrisscholarship.org

SCHOLARSHIP APPLICATION

Please complete all information so that your application may be fully considered.

APPLICATION DEADLINE: MARCH 15

ELIGIBILITY CRITERIA

Applicants must be of minority ethnic status as defined by the Equal Employment Opportunity Commission and have a minimum 2.5 G.P.A. All applicants must be U.S. Citizens and have a social security number as well as being: (1) Iowa high school graduates and residents of Iowa who are attending any U.S. college or university; or (2) Non-Iowa residents who are attending Iowa colleges or universities.

Check appropriate box indicating the race which you consider yourself to be:

- | | |
|---|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Native American |

What career field do you plan to pursue? _____

TO BE CONSIDERED, APPLICATIONS MUST INCLUDE THE FOLLOWING:

1. Official high school transcripts (graduating high school seniors ONLY)
2. Official college transcripts (most recent semester only)
3. One or more letters of reference (at least one must be from an instructor)
4. Writing sample; Submit an essay about yourself and why you are applying for this scholarship. The essay must include any activities or organizations you are involved in and your future plans (minimum of 250 words and a maximum of 500 words).
5. Completed application form
6. Recent photograph (Head & Shoulder Shot only) - Required for press release

PERSONAL INFORMATION

Social Security No. _____
(For office use when awarding scholarships)

I verify that I am a U.S. Citizen with a Social Security number.

Name: _____ Birthdate: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Telephone: () _____
 area code

Email: _____

WORK HISTORY

Please list information on your current and past employment, if any.

Name of current employer: _____

Complete Address: _____
Street City State ZIP

Your position/title: _____

Number of hours worked per week: _____ Salary or wages: _____

Dates of employment: _____

Please attach additional sheets to list information on previous employment, if any.

THANK YOU FOR YOUR INTEREST IN THE JAMES B. MORRIS SCHOLARSHIP FUND.

I verify that all information included in this application is true and accurate. I understand that if the James B. Morris Scholarship Fund, Inc. learns that any information included in this application is false or plagiarized, my application will not be considered and any scholarship may be revoked.

Signature _____ **Date** _____

Mail your completed application to:

Attention: Scholarship Committee Chairperson
James B. Morris Scholarship Fund, Inc.
525 S.W. 5th Street • Suite A
Des Moines, IA 50309-4501

James B. Morris was an attorney, leader, and a role model for his generation of African Americans living in Iowa. A graduate of Hampton Institute in Virginia, J.B. became one of the first African American officers during World War I through the Colored Officers Training Program at Fort Des Moines. After the war, Morris settled in Des Moines and emerged as one of the city's most influential black leaders. He was the editor and publisher of Iowa's oldest black newspaper, The Iowa Bystander, from 1922-1972. In 1925 he helped found the Negro Bar Association, now known as the National Bar Association. J.B. and his wife, Georgine, were staunch supporters of civil rights, and Georgine founded the Iowa State Conference of the NAACP in 1939. J.B. was a charter member, as well as serving as president of that organization.

In honor of J.B. Morris' contributions to law, journalism, and the civil rights movement, a group of Des Moines community leaders established The James B. Morris Scholarship Fund in 1978.

Directions for Completing the Following Page

SECTION A

- Please check the answers to the questions listed.

SECTION B

- Please complete the section by filling out your projected or estimated college or university expenses.

SECTION C

- Please list the awards you have *received* first
- Next, list those awards that you have applied for but do not know if you have received yet
- If you have applied for a scholarship or grant but did *not* receive it, it is not necessary to list it
- When you add up the total amount of awards at the bottom, please only list those amounts you have already received

SECTION D

- Please give an honest and realistic amount that you and/or your family will contribute to your education

FINANCIAL INFORMATION

SECTION A: Are you a:

National Merit Scholar: Yes No
 National Minority Achievement Scholar: Yes No

Former James B. Morris Scholarship recipient: Yes No

If yes, please list the years you received a James B. Morris Scholarship _____

How many people in your household will be college students during the next school year? _____

SECTION B: Projected College or University expenses for next year:

1st Semester	Cost	2nd Semester	Cost
Tuition		Tuition	
Room & Board		Room & Board	
Books		Books	
College Fees		College Fees	
Transportation & Other Miscellaneous Expenses		Transportation & Other Miscellaneous Expenses	
TOTAL 1ST SEMESTER		TOTAL 2ND SEMESTER	

SECTION C: Scholarships, Grants, Work-Study Grants and Other Financial Aid you have applied for or already received:

(please check one for each award listed)

Award	Applied for	Received	Amount
1) _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2) _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3) _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4) _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5) _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6) _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Total Awards			\$ _____

SECTION D: Amount that you, your immediate family, other family members and other organizations will contribute to your college expenses this year:

Family \$ _____
 Others \$ _____
 You \$ _____
Total Personal Contributions **\$ _____**

Total Awards & Personal Contributions **\$ _____**

I hereby verify that all financial information included in this application is true and accurate. I understand that if the James B. Morris Scholarship Fund, Inc. learns that any information included in this application is false, my application will not be considered.

Signature _____ Date _____