

**THE CITY OF JEFFERSONVILLE/CLARK COUNTY  
MARTIN LUTHER KING, JR. HOLIDAY CELEBRATION COMMITTEE**

***2026 SCHOLARSHIP APPLICATION GUIDELINES***

The Martin Luther King, Jr. Scholarship Program is designed and managed by the Jeffersonville/Clark County Holiday Celebration Committee. The MLK Holiday Celebration Committee seeks to encourage community service, personal responsibility and educational achievement among the citizenry of Clark County. You do not need any special qualifications to enter. You just need to be good at being yourself and have a real desire to succeed. Awards are granted without regard to race, color, creed, religion, disability, or national origin.

**WHO CAN ENTER?**

Applicants must be Clark County residents and attending or planning to attend an accredited post-secondary institution.

**WHAT IS THE VALUE OF THE SCHOLARSHIP?**

This is a \$500 scholarship.

**HOW TO APPLY:**

**All scholarship applications must be submitted by email from the school counselor.** Please complete all sections of the application. Use the check list on the last page of the application to make sure all documents are attached before the application is submitted by **email** to:

MLK Scholarship Committee  
c/o Dr. Brian Allred  
Email: [ballred@clarksvilleschools.org](mailto:ballred@clarksvilleschools.org)

**Applications must be received by November 14, 2025.**

Please follow the directions on the application, complete and answer each question on the application and do not send photos or videotapes. Incomplete/late applications will not be considered or accepted. If you have questions, please contact Dr. Brian Allred at [ballred@clarksvilleschools.org](mailto:ballred@clarksvilleschools.org).

**HOW WINNERS ARE SELECTED**

Scholarship recipients will be selected on the basis of: academic record, involvement in leadership activities, volunteerism, participation in school, letters of recommendations, and community activities. In addition, an applicant's work experience and special talents will be considered. Financial need will not be considered.

**PAYMENT OF SCHOLARSHIPS**

Checks will be awarded at the Scholarship recipients Senior Awards and Honors Program in the spring and made payable to the student. Scholarships are non-transferable.

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**2025 SCHOLARSHIP APPLICATION**

All information must be filled out completely on the application form. Please print or type. Need official transcript with school seal, stamp or administration signature. Letters of recommendation, and essay must be submitted with completed application by email. **Application deadline is November 14, 2025.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM) (DD) (YYYY)

Parent/Guardian: \_\_\_\_\_  
Last Name First Name M.I.

Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**SCHOOL INFORMATION**

Cumulative Grade Point Average: \_\_\_\_/4.0 Scale OR \_\_\_\_/\_\_\_\_ Scale

School Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Graduation Mo/Yr: \_\_\_\_\_

School Official's Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Date: \_\_\_\_\_

**LEADERSHIP, AWARDS AND ACTIVITIES**

List all special awards, honors and leadership positions/offices held. Use an additional sheet, if needed.

## COMMUNITY VOLUNTEER SERVICE

List and describe the volunteer service activities in which you have participated without pay in your community. Community volunteer service could be a student's volunteerism in programs or projects which have made a visible and tangible difference in the community. School projects that fit these criteria are also eligible. If more space is needed, you may continue on a separate page in the same format, and attach to the application. Be sure to include your name on any additional pages.

Name of Activity	What was the goal of the activity?	What role did you play?	Name/Phone Number of Volunteer Supervisor.
1.			
2.			
3.			
4.			
5.			
6.			

## ESSAY

**The essay must be between 500-750 words. It must be typed.** Include your name and address in the upper left-hand corner of the page. Attach the essay to the application.

Choose **one volunteer experience** and briefly describe how the experience made a visible, tangible difference in the lives of others and/or in the community. Describe what happened in your life or in the life of your family as a result of your volunteer service experience.

Remember that families are unique. Families can include parents, grandparents, siblings, guardians, relatives, or close friends.

**MARTIN LUTHER KING, JR.**  
**2025 SCHOLARSHIP APPLICATION**  
**LETTER OF RECOMMENDATION**

**APPLICANT'S NAME:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**APPLICANT'S INFORMATION:** Give this reference statement to at least **three (3)** adults who know you well enough to be able to provide the committee with some insight into the personal qualities that you possess as well as your ability to accept leadership responsibilities. **No application will be accepted without three (3) letters of recommendation.** **The application deadline is November 14, 2025.**

**REFERENCE INFORMATION:** Please complete the letter of recommendation and return to your student's high school guidance counselor.

How do you know the applicant? \_\_\_\_\_

**Please check a response to each of the following:**

The applicant's ability to

Show concern for others:

\_\_\_ Extremely Strong \_\_\_ Very Strong \_\_\_ Moderate \_\_\_ Poor

The quality of applicant's  
commitment to school and  
community:

\_\_\_ Extremely Strong \_\_\_ Very Strong \_\_\_ Moderate \_\_\_ Poor

The applicant's demonstration  
of initiative in academic and/or  
other activities:

\_\_\_ Extremely Strong \_\_\_ Very Strong \_\_\_ Moderate \_\_\_ Poor

The applicant's follow-through  
With assignments and tasks:

\_\_\_ Extremely Strong \_\_\_ Very Strong \_\_\_ Moderate \_\_\_ Poor

Please give a detailed statement. Use an additional sheet, if necessary.

Name: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## APPLICATION CHECKLIST

This application becomes complete and valid only when you have submitted the following. Incomplete applications will not be considered or accepted. Applications will not be considered after the deadline.

- \_\_\_\_\_ Scholarship Application (filled out, signed, and completed)
- \_\_\_\_\_ Original Current School Year Transcript of Grades with School Seal/Signature
- \_\_\_\_\_ Essay (typed, 500-750 words)
- \_\_\_\_\_ Letters of Recommendation (at least three (3))

**Return your completed scholarship application to your high school counselor.** The counselor will email the completed application to:

MLK Scholarship Committee  
c/o Dr. Brian Allred  
[ballred@clarksvilleschools.org](mailto:ballred@clarksvilleschools.org)

**THE APPLICATION DEADLINE IS November 14, 2025.**

## CERTIFICATION

I certify that the information provided in this application is complete and accurate to the best of my knowledge. Falsification of any information will cause disqualification from the scholarship program.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of School Counselor  
or School Official: \_\_\_\_\_ Date: \_\_\_\_\_