

Administration Section Only - Do Not Write in this Section				
# _____	Transcript [ ]	Aptitude Test [ ]	Recommendation [ ]	Essay [ ]

**DR. MARTIN LUTHER KING, JR. SCHOLARSHIP PROGRAM**  
*"MARCHING FOR SOCIAL JUSTICE"*

SAINT JOHN'S BAPTIST CHURCH  
Woburn, Massachusetts

**DR. MARTIN LUTHER KING, JR. UNDERGRADUATE SCHOLARSHIP APPLICATION**

**PERSONAL INFORMATION (please print)**

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ E-MAIL \_\_\_\_\_

Are you a member of St. John's Baptist Church? Yes [ ] No [ ]

Single [ ] Married [ ] Number of Dependents \_\_\_\_

**INSTITUTION WHERE YOU PLAN ON ATTENDING (please print)**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Planned program or course of study: \_\_\_\_\_

**REFERENCES (exclude relatives)**

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BIOGRAPHICAL SKETCH \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I (We) hereby authorize the Dr. Martin Luther King, Jr. Scholarship Committee to verify any and all information submitted in this application:

APPLICANT \_\_\_\_\_

PARENT OR GUARDIAN \_\_\_\_\_

(Required for applicants under 18 years old)

**MAIL APPLICATION**

Saint John's Baptist Church  
Dr. Martin Luther King, Jr. Scholarship Committee  
38-40 Everett Street  
Woburn, Massachusetts 01801  
Office: (781) 935-4314  
Web Site: <http://www.sjbc.org>