Dear Scholarship Program Participant,

Blacks in Government Greater San Diego Chapter is excited to announce its annual Earl L. Breyers Memorial Scholarship program. The theme this year is: “*Nurturing Our Youth to a Better Future.*”

# Blacks in Government Greater San Diego Chapter is a non-profit organization for Federal, State, County and Local government employees. Our Program was established to improve the quality of public service through Scholarships for students from within the City or County of San Diego, who will be attending their first year of a four year College or University in the fall of this year. The scholarship is in the amount of $500.00 to be used for the purchasing of books and/or other school supplies. If interested in applying, submit your completed recommendation letter(s), and other required documents by mail to the above post office box or email to Ms. Lynda Hall at [adnylhall@yahoo.com](mailto:adnylhall@yahoo.com) or Mrs. Diana Peter at [dpeter010@gmail.com](mailto:dpeter010@gmail.com).

# Submissions must be postmarked/emailed by June 5, 2015. If you have any questions or concerns, please direct them to the Greater San Diego Chapter Scholarship Chairs at email addresses herein.

Sincerely,

Lynda Hall and Diana Peter

Scholarship Chairpersons

Encls:

1. Scholarship Application Eligibility Requirements Sheet
2. Scholarship Application Form
3. Scholarship Recommendation Form

## “SCHOLARSHIP APPLICATION ELIGIBILITY REQUIREMENTS”

# The Blacks in Government, Greater San Diego Chapter Scholarship Program is accepting applications from high school students who will be graduating in the spring and plan to attend a four–year College or University in the fall.

# The Scholarship to be awarded is to be used to acquire books and/or others school supplies.

# A completed application package must be submitted to the Scholarship Committee postmarked or emailed no later than June 5, 2015.

# The package consists of this Scholarship Application Eligibility Requirements Sheet, a blank Scholarship Application Form and a blank Scholarship Recommendation Form.

# The Eligibility Requirements are as follows:

# 1. Applicant must be graduating from an accredited secondary educational institution within the county of San Diego.

# 2. Applicant must have applied for admission to at least one accredited institution of higher learning in the fall of the year applying.

# 3. Applicant must have at least a 2.5 cumulated GPA.

# 4. Applicants must provide at least one recommendation (no more than two) from an official of their current high school, community organization, church, or employer.

# “FALL SCHOLARSHIP APPLICATION ELIGIBILITY REQUIREMENTS”

**(Cont’d)**

## 5. Applicants must also submit with their application package, a

# 500 word, double spaced, typed essay (in 10 or 12 pitch font) on one

# of the following topics:

# Is social media: friend or foe?

# Or

* **Civil Rights Organizations (for example, National Association for the Advance of Colored People (NAACP), Urban League, Black Panthers, etc.) – Are they a thing of the past or prone for revival?**

Scholarship recipients will be notified of the competition results by June 12, 2015 and MUST BE PRESENT at our Annual Awards Ceremony. Additional details of the event will be provided to the awardees upon notification of selection.

# For additional information, please contact the Scholarship Committee Chairpersons, Ms. Lynda Hall at [adnylhall@yahoo.com](mailto:adnylhall@yahoo.com) or Mrs. Diana Peter at [dpeter010@gmail.com](mailto:dpeter010@gmail.com).

**BLACKS IN GOVERNMENT**

# GREATER SAN DIEGO CHAPTER SCHOLARSHIP PROGRAM

## POST OFFICE BOX 180134 CORONADO, CA. 92178-0134

**SCHOLARSHIP APPLICATION FORM**

**(Please Type)**

## Applicant’s Full Name:

## Applicant’s Street Address:

**Applicant’s City, State and Zip Code:**

**Applicant’s Date of Birth:**

**Applicant’s E-Mail Address:/ Telephone Number: Parent/Guardian’s Name:**

**School Applicant currently attends and address: Date of Graduation:**

**Applicant’s Cumulative GPA:**

**Principal/Counselor’s Name:**

**Principal/Counselor’s Telephone Number:**

**Honors, Awards and other Achievements:**

**Extracurricular Activities:**

**Institution Applicant plans to attend:**

**(City, State and Admissions Office Telephone Number):**

## Applicant’s Signature/ Date Parent/Guardian’s Signature/Date

# “SCHOLARSHIP RECOMMENDATION FORM”

**(Please Type)**

# Student Applicant’s Name:

The above named Student Applicant is applying for a College/University Scholarship funds from the Greater San Diego Chapter of Blacks in Government. I am providing my recommendation related to this student’s extracurricular activities, community service, character, attitude, or any other pertinent information about this Applicant.

## Name and (Title) of Reference: Address:

**Telephone No: Comments:**

**Signature Date**

**Please note! This page can be photocopied for additional references. You may also use a blank sheet of paper, if additional space is required.**