***2016  BUFFALO SOLDIERS MOTORCYCLE CLUB***

***SOUTHWEST ILLINOIS, INC.***

***SCHOLARSHIP ANNOUNCEMENT AND APPLICATION***

In 1993, the Buffalo Soldiers Motorcycle Club was founded in Chicago by Ken “Dream Maker” Thomas to socialize men and women who shared similar ideals and the common bond of motorcycling.  The name was chosen to uphold and perpetuate the heroic legend of the original Buffalo Soldiers and the legacy of excellence of the African American soldiers who followed.

*Mission of the Southwest Illinois Chapter*

We are a family oriented, non-profit organization comprised of males and females from the military, law enforcement and other professional affiliations, (Active and Retired) who are dedicated to the sport of motorcycling.   We strive to become a highly respected and notable motorcycle club that our community, as well as other organizations, will seek out for support.

*Our Vision*

* Educate others and ourselves about the history and contributions of the Buffalo Soldiers, notably the 9th & 10th Cavalry.
* Demonstrate and promote safe individual and group riding experiences.
* Provide positive role models to the youth in our community.
* Support the charitable needs of the community in the local and Great Lakes Frontier.

The Buffalo Soldiers Motorcycle Club, Southwest Illinois, Inc., announces their 2016 Scholarship Award. The scholarship awards One thousand dollars ($1,000.00) to a graduating African American Senior that attends the surrounding Metro area high schools. If selected, the Scholarship may be used at any Higher Educational Institution that you attend.

2016 Scholarships

<http://www.bsmcswil.com/>

 Instructions for candidates:

(1)    Prepare a letter of introduction, identifying yourself, your accomplishments to date, your family background, and the degree you are seeking, and your financial need.  Provide a brief summary of how you plan to use the scholarship funding if selected.

(2)    Provide at least one letter of recommendation on official letter head.

(3)    Type a 500 word essay on one of the following topics:

A.  In What Ways Does the Buffalo Soldier Legacy Inspire Me?

B.  The stories of the Buffalo Soldiers exemplify many positive character traits.  Please provide examples from the lives of Buffalo Soldiers (living or deceased) and write on two of those traits and how they can be used to help mold or develop your life.

C.  Why is it necessary that we pass on the legacy of the Buffalo Soldiers to future generations?

D.  The Congressional Medal of Honor is presented to the recipient by the President of the United States in the name of Congress.  This is the highest award for valor presented to military members   recognized for having performed the highest degrees of bravery and self-sacrifice on the battlefield.  Please write on one of the Buffalo Soldiers that was awarded the Medal of Honor and what can be learned from his life, and or efforts, and commitment to duty.

E. What are your dreams, hopes, and aspirations or what are your intentions upon graduation from college? How do your dreams, hopes, or aspirations reflect those of the Buffalo Soldiers?

(4) Submit your information and essay by the deadline April 8, 2016.  See the Point of Contact on Page 5.

**Buffalo Soldiers Scholarship Program**

**2016 Application**

**Application Deadline:   April 8, 2016**

**Contact Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** |  | **Last Name:** |  |
| **Address:** |  |
| **City:** |  | **State:** |  |
| **Zip Code:**  |  | **Email:** |  |
| **Home Phone:** |  | **Cell Phone:** |  |
| **Date of Birth:** |  | **Gender:** |  |

**Academic Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **High School Name:** |  | **City / State** |  |
| **Graduation Date:** |  | **GPA:** |  |
| **Class Rank:** |  | **Class Size:** |  |
| **ACT Composite Score:** |  | **SAT Critical Reading Score:** |  |
| **SAT Math Score:** |  | **SAT Written Score:** |  |
| **Does Your school offer Honors, AP, or IB Programs, Dual Enrollment? Yes / No** |  |
| **Number of Honors Classes You Have Taken:** | **Number of AP Classes You Have Taken:** | **Number of IB Classes You Have Taken:** | **Number of Dual Enrollment Classes You Have Taken:** |

**College Information (**If you have not finalized your college choice, provide your first choice school.)**:**

|  |  |  |  |
| --- | --- | --- | --- |
| **College Name:** |  | **City / State:** |  |
| **Institution Type:         Certificate      Four-Year      Two-Year       Vocational or Technical:** |  |
| **Degree Sought:   Associates         Bachelors                  Certificate**  |  |
| **Major:** |  |
| **Anticipated Graduation Date:** |  |  |  |

**Applicant Service, Extracurricular Activities and Work Experience:**

Use this space to provide the applicant’s volunteer service, extracurricular activities and work experience during the applicant’s academic career. **Do not attach a resume in lieu of completing this form. It will not be reviewed.**

|  |  |
| --- | --- |
| **Description**  |  |
| **Total Hours or Average Hours per week:** |  | **Are you still participating? (yes / no)** |  |
| **Start Date:**  |  | **End Date :**  |  |
| **Highest Position Held:** |  |

|  |  |
| --- | --- |
| **Description**  |  |
| **Total Hours or Average Hours per week:** |  | **Are you still participating? (yes / no)** |  |
| **Start Date:**  |  | **End Date :**  |  |
| **Highest Position Held:** |  |

|  |  |
| --- | --- |
| **Description**  |  |
| **Total Hours or Average Hours per week:** |  | **Are you still participating? (yes / no)** |  |
| **Start Date:**  |  | **End Date :**  |  |
| **Highest Position Held:** |  |

|  |  |
| --- | --- |
| **Description**  |  |
| **Total Hours or Average Hours per week:** |  | **Are you still participating? (yes / no)** |  |
| **Start Date:**  |  | **End Date :**  |  |
| **Highest Position Held:** |  |

|  |  |
| --- | --- |
| **Description**  |  |
| **Total Hours or Average Hours per week:** |  | **Are you still participating? (yes / no)** |  |
| **Start Date:**  |  | **End Date :**  |  |
| **Highest Position Held:** |  |

**Honors and Awards:**

Use this space to provide the applicant’s honors and awards during the applicant’s academic career.

**Do not attach a resume in lieu of completing this form. It will not be reviewed.**

|  |  |
| --- | --- |
| **Description**  |  |
| **Level (National/State/Regional/Etc.):** |  | **Academic Year Achieved** |  |

|  |  |
| --- | --- |
| **Description**  |  |
| **Level (National/State/Regional/Etc.):** |  | **Academic Year Achieved** |  |

|  |  |
| --- | --- |
| **Description**  |  |
| **Level (National/State/Regional/Etc.):** |  | **Academic Year Achieved** |  |

|  |  |
| --- | --- |
| **Description**  |  |
| **Level (National/State/Regional/Etc.):** |  | **Academic Year Achieved** |  |

|  |  |
| --- | --- |
| **Description**  |  |
| **Level (National/State/Regional/Etc.):** |  | **Academic Year Achieved** |  |

|  |  |
| --- | --- |
| **Description**  |  |
| **Level (National/State/Regional/Etc.):** |  | **Academic Year Achieved** |  |

**Supporting Documents:**

The following documents are required to complete your application:

* ACT/SAT Scores
* High School Transcript
* Proof of Tuition Expenditure (tuition bill, acceptance letter, enrollment letter, etc.)
* A typed 500 word essay on one of the topics described above.
* At least one letter of recommendation on official letter head.

**Terms & Conditions:**

I,                                                                      , certify, to the best of my knowledge, the information on this application is complete and accurate. Falsification of any information will cause my disqualification from the scholarship competition.

I understand it is my responsibility to make sure the application process is complete by the required deadline. If not, the application may be disqualified from the awards competition and may not be considered for an award.

This application, upon receipt, becomes the property of the program sponsor.

I agree that, if selected as an award winner for the Buffalo Soldiers Motorcycle Club Scholarship Program, the program sponsor or its agents may use my name and likeness and any other information or materials provided in connection with this program for purposes of news, publicity and advertising in all media, including but not limited to print and electronic media, press releases, internet websites and video media.

To comply with the provisions of the Family Educational and Privacy Act of 1974, I hereby grant permission for school officials to release secondary school records and other requested information, if necessary.

If you are under 18, your parent or guardian must also agree to these Terms and Conditions.

**Applicant Signature:                                                              Date:**

**Parent Signature:** (if applicable)

**Submit Application:**

Materials must be postmarked by **April 8, 2016.** You may mail your application with all the applicable materials to:

|  |  |
| --- | --- |
| **Contact Information** | **Mailing Address** |
| BSMCSWIL Scholarship | P.O. Box 95 O’Fallon, IL 62269 |

Download Scholarship WORD.doc: