

**Buffalo Soldiers Motorcycle Club**

**Pass Christian, MS Chapter**

**Scholarship Program**

**2024 Application**

**Application Deadline: April 12, 2024**

**Contact Information:**

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| --- | --- | --- | --- |
| **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**  **Class You Have**  **Taken:** | **Number of IB Classes You Have Taken:** | **Number of Dual Enrollment**  **Class You Have**  **Taken:** |

**Financial Need:**

Use this space to describe your financial situation and why this scholarship is necessary to help fund your College education:

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

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| --- | --- | --- | --- |
| **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.**

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

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

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| --- | --- | --- | --- |
| **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.**

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

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

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

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

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

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

**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 Pass Christian 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 12, 2024.** You may mail or email your application with all the applicable materials to:

**Mailing Address:  
Buffalo Soldiers Motorcycle Club Pass Christian, P.O. Box 451, Pass Christian, MS 39571**

**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 500 word (typed) essay on the topics described above.
* At least one letter of recommendation with official letter head.

**Instructions for candidates:**

Completed applications and required documents must be attached as MS Word documents or scanned in a **PDF** format, in **ONE** (1) PDF file. **JPEG and GIF image formats will be rejected.**

The following are required to complete your application:

• Applicant must be an eligible Graduating High School Senior/GED recipient during the 2023 fall / 2024 Summer school year who will be attending post-secondary or vocational/trade school in 2024 with a minimum **GPA of 2.0.**

• Attach or scan the completed application only (typically page 3 through page 5); do not include the general information pages and instructions pages.

• Unofficial High School Transcript, Home School transcript, or GED Certificate.

• A 500-word essay on the topics described below Page 2 of 6

• Letter of recommendation on official letterhead from a teacher/guidance counselor/school administrator, and/or employer (for GED).

• Letter of recommendation on letterhead from a community service organization • A letter of acceptance to an institution of higher learning

•LL Signed Release Form (enclosed)

• Parent’s signature if a student is under 18 years old

• Prepare a letter of introduction, who you are, your accomplishments to date, your family background, and the degree/certificate to which you are seeking. Provide a summary of how you plan to use the scholarship if selected. Also, incorporate how this scholarship would benefit you in giving back to your community.

• Recent professional head-shot photo (In Good Taste)

• Provide Student’s name, the complete name and address of the school and/or financial aid office where the student will be attending school, and the student ID number.

**Essay Topics:**

Write a 500-word essay (typewritten) on one of the following topics:

1. What impact did the Buffalo Soldiers make in war and/or peacetime? Why is it necessary to pass this legacy on to future generations?
2. Provide specific examples of how the Buffalo Soldiers facilitated the development of roadways, national parks, and mail service.
3. The Medal of Honor is presented to the recipient by the President of the United States in the name of Congress. Please provide a brief narrative regarding a Buffalo Soldier who received this honor and what can be learned from his/her life, efforts, and commitment to duty.