



William E. McKnight Scholarship Fund

Open to all ULR Black scholars regardless of field of

study DEADLINE: April 13th

The law firm of Nixon Hargrave, Devans & Doyle, now Nixon Peabody LLP, established the William E. McKnight Scholarship fund at Rochester Area Community Foundation in 1986 as a memorial to Mr. McKnight, the law firm's first African American partner, who died at the age of 36.

PROCESS: Applications will be received and screened by the Urban League of Rochester Black Scholars Program. The Urban League representative will send recommended applicants to the William E. McKnight Review Committee. Select applicants will be invited to participate in the interview process. The award will be announced and presented at the annual Salute to Black Scholars Awards Ceremony in June.

Applicants must complete the attached application form and return it with the required documentation listed on the first page of the application. Transcripts and reference letters should be sent directly from the high school or reference. All other relevant application materials should be sent to:

Mr. Timothy Johnson, Coordinator
Urban League of Rochester Black Scholars Program/McKnight
265 North Clinton Avenue
Rochester, NY 14605
(585) 325-6530
timothy.johnson@ulr.org

AMOUNT: Award amount varies; average award is \$2,000

This award may be renewable three times for a total of four awards over four consecutive years.

APPLICATION CHECKLIST:

- _____ Completed application
- _____ Attached copy of parent(s) or guardian(s) federal income tax return
- _____ Attached copy of college's letter of acceptance
- _____ Attached FAFSA/SAR Report
- _____ Attached Financial Aid Award letter(s)
- _____ Requested transcript from high school
- _____ Requested three (3) references

You should include expenses for your top three college choices using the form attached. If acceptance letters are not available, note this on the application and submit the balance of the application by the deadline. We will continue to require the acceptance letters, please submit them as they become available.

BE SURE TO:

- Submit the completed application, signed and **received by April 13th**
- Request **three** (3) letters of recommendation (application pages 7, 8, and 9)
- Attach **Proof of Acceptance** into a higher learning institute (*this proof must be received before applicant can be considered for an interview*)

Applications must be received by April 13th. No extension will be granted for late applications.

WILLIAM MCKNIGHT
SCHOLARSHIP DEADLINE: April 13th

Include with this application:

1. List of expenses for top three (3) schools (page 3)
2. Activities, awards, and employment (page 4)
3. Personal statement (page 5)
4. List of three (3) recommendation (page 6)
5. Copy of letter of acceptance from top three schools (*must be received before consideration for interview*)
6. Financial Award Letter from the college
7. SAR report derived from FAFSA application
8. Copy of parent(s) or guardian(s) federal income tax return
9. Copy of your high school transcript (or a note explaining that it will be sent directly to the Urban League)

Submit your application to: Mr. Timothy Johnson, Urban League of Rochester Black Scholars Program, 265 North Clinton Avenue, Rochester, NY 14605, c/o McKnight Scholarship

Name: _____ Telephone Number: (____) _____

Address: _____ Email: _____

_____ Gender MALE FEMALE

Address: _____ Email: _____

Parent/Guardian Name: _____ Occupation _____

Parent/Guardian Name: _____ Occupation _____

Name of High School: _____ Cum. GPA _____ Class Standing: _____ of _____

High School Address: _____ SAT SCORES: Verbal _____

_____ Math _____ Writing _____

Counselor's Name: _____ Telephone Number: (____) _____

Name of Intended College: _____ Major: _____

College Address: _____

WILLIAM MCKNIGHT SCHOLARSHIP

Expenses and Contributions

(for top three schools in order of preference)

School #1: _____

	Estimated Expenses		Estimated Resources
SCHOOL TUITION	_____	FINANCIAL AID (TAP, Regents, etc)	_____
FEES	_____	FAMILY CONTRIBUTIONS	_____
ROOM AND BOARD	_____	SCHOLARSHIPS/AWARDS	_____
BOOKS/SUPPLIES	_____	TOTAL of all LOANS (attach list)	_____
*OTHER: _____ (please explain)	_____	*OTHER: _____ (please explain)	_____
TOTAL	_____	TOTAL	_____

School #2: _____

	Estimated Expenses		Estimated Resources
SCHOOL TUITION	_____	FINANCIAL AID (TAP, Regents, etc)	_____
FEES	_____	FAMILY CONTRIBUTIONS	_____
ROOM AND BOARD	_____	SCHOLARSHIPS/AWARDS	_____
BOOKS/SUPPLIES	_____	TOTAL of all LOANS (attach list)	_____
*OTHER: _____ (please explain)	_____	*OTHER: _____ (please explain)	_____
TOTAL	_____	TOTAL	_____

School #3: _____

	Estimated Expenses		Estimated Resources
SCHOOL TUITION	_____	FINANCIAL AID (TAP, Regents, etc)	_____
FEES	_____	FAMILY CONTRIBUTIONS	_____
ROOM AND BOARD	_____	SCHOLARSHIPS/AWARDS	_____
BOOKS/SUPPLIES	_____	TOTAL of all LOANS (attach list)	_____
*OTHER: _____ (please explain)	_____	*OTHER: _____ (please explain)	_____
TOTAL	_____	TOTAL	_____

WILLIAM MCKNIGHT SCHOLARSHIP

Applicant Activities

Applicant's Name: _____

Instructions: In the space below or on a separate sheet, please describe your employment, school and community related extra-curricular activities in which you have been involved. Also, list any awards you have won for these activities or for academic achievement.

WILLIAM MCKNIGHT SCHOLARSHIP

Applicant Statement

Applicant's Name: _____

Instructions: In the space below or on a separate sheet, write a short essay describing your background including you career goals and objectives and other qualifications for being awarded this scholarship.

WILLIAM MCKNIGHT SCHOLARSHIP

DEADLINE: April 13th

Applicant's Name: _____

Instructions: List three references below and give each reference one of the attached Recommendation Forms (pages 8, 9 and 10). The reference will submit the completed recommendation for to the Urban League separate from your application. References may include individuals such as a teacher, counselor or high school advisor, employer, volunteer coordinator/supervisor, or other adult that you have worked with during community activities. *References from family members will not be accepted.*

1. NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
E-mail _____
HOW THIS PERSON KNOWS YOU _____

2. NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
E-Mail _____
HOW THIS PERSON KNOWS YOU _____

3. NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
E-mail _____
HOW THIS PERSON KNOWS YOU _____

Applicant Certification

I certify that the information submitted in this application is true and complete to the best of my knowledge.

Applicant's Signature _____ Date _____

WILLIAM MCKNIGHT SCHOLARSHIP

Recommendation Form 1

(teacher, counselor or high school advisor, employer, volunteer coordinator/supervisor,
or other adult non-family member that you have worked with during community activities)

Applicant Name: _____

The applicant named above is applying for the **William E. McKnight Scholarship** which is awarded annually to: "A graduating high school senior from Monroe, Genesee, Livingston, Ontario, Orleans or Wayne County who has been accepted to an accredited four year college who has demonstrated those qualities which were so characteristic of Bill E. McKnight – the capacity for high quality intellectual work and achievement and a depth of understanding and personal insight into people of all background Please take a few minutes to respond. You may attach a separate sheet if necessary. NOTE: Candidate must be honored as an Urban League of Rochester Black Scholar

*This form must be returned by **April 13th** in order for the student to be considered.*

Please comment briefly on the following points relating to the applicant's qualifications. (If additional space is needed, please use the back of sheet)

Character: (Overall assessment of personality, poise, and moral values)

Scholastic Performance: (Assessment of individual's academic performance, such as grades, attendance, etc.)

Leadership: (Assessment of individual's capability to take on responsibility and command situations when needed)

Signature _____

Name of Reference _____

Address _____

Title _____

Phone # _____

City

Zip

I have known the applicant for (____) years as a _____ in my capacity as _____

RETURN TO: URBAN LEAGUE OF ROCHESTER, N.Y., INC
BLACK SCHOLARS PROGRAM/MCKNIGHT
265 NORTH CLINTON AVENUE
ROCHESTER, NY 14605
ATTN: MR. TIMOTHY JOHNSON

MUST BE RECEIVED BY APRIL 13TH

WILLIAM MCKNIGHT SCHOLARSHIP

Recommendation Form 2

(teacher, counselor or high school advisor, employer, volunteer coordinator/supervisor,
or other adult non-family member that you have worked with during community activities)

Applicant Name: _____

The applicant named above is applying for the **William E. McKnight Scholarship** which is awarded annually to: "A graduating high school senior from Monroe, Genesee, Livingston, Ontario, Orleans or Wayne County who has been accepted to an accredited four year college who has demonstrated those qualities which were so characteristic of Bill E. McKnight – the capacity for high quality intellectual work and achievement and a depth of understanding and personal insight into people of all background Please take a few minutes to respond. You may attach a separate sheet if necessary. NOTE: Candidate must be honored as an Urban League of Rochester Black Scholar

*This form must be returned by **April 13th** in order for the student to be considered.*

Please comment briefly on the following points relating to the applicant's qualifications. (If additional space is needed, please use the back of sheet)

Character: (Overall assessment of personality, poise, and moral values)

Scholastic Performance: (Assessment of individual's academic performance, such as grades, attendance, etc.)

Leadership: (Assessment of individual's capability to take on responsibility and command situations when needed)

Signature _____

Name of Reference _____

Address _____

Title _____

Phone # _____

City

Zip

I have known the applicant for (____) years as a _____ in my capacity as _____

RETURN TO: URBAN LEAGUE OF ROCHESTER, N.Y., INC
BLACK SCHOLARS PROGRAM/MCKNIGHT
265 NORTH CLINTON AVENUE
ROCHESTER, NY 14605
ATTN: MR. TIMOTHY JOHNSON

MUST BE RECEIVED BY APRIL 13TH

WILLIAM MCKNIGHT SCHOLARSHIP

Recommendation Form 3

(teacher, counselor or high school advisor, employer, volunteer coordinator/supervisor,
or other adult non-family member that you have worked with during community activities)

Applicant Name: _____

The applicant named above is applying for the **William E. McKnight Scholarship** which is awarded annually to: "A graduating high school senior from Monroe, Genesee, Livingston, Ontario, Orleans or Wayne County who has been accepted to an accredited four year college who has demonstrated those qualities which were so characteristic of Bill E. McKnight – the capacity for high quality intellectual work and achievement and a depth of understanding and personal insight into people of all background Please take a few minutes to respond. You may attach a separate sheet if necessary. NOTE: Candidate must be honored as an Urban League of Rochester Black Scholar

*This form must be returned by **April 15th** in order for the student to be considered.*

Please comment briefly on the following points relating to the applicant's qualifications. (If additional space is needed, please use the back of sheet)

Character: (Overall assessment of personality, poise, and moral values)

Scholastic Performance: (Assessment of individual's academic performance, such as grades, attendance, etc.)

Leadership: (Assessment of individual's capability to take on responsibility and command situations when needed)

Signature _____

Name of Reference _____

Address _____

Title _____

Phone # _____

City

Zip

I have known the applicant for (____) years as a _____ in my capacity as _____

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265 NORTH CLINTON AVENUE
ROCHESTER, NY 14605
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