

Dr. Calvin Martin Memorial Scholarship Trust Fund

The Dr. Calvin Martin Memorial Scholarship Trust Fund Inc, a non-profit charitable organization, was named in memory of its founder Dr. Calvin Martin. His passion was a love for education. He fulfilled this by demonstrating his pedagogical skills as a teacher and administrative skills as a New York City Public School Principal.

His career allowed him to develop a unique perspective on the American Education System.

The mission of the Scholarship Trust Fund is to educate African American Male Students through a scholar and mentorship program, to achieve higher academic excellence.

The scholarships are available to students who demonstrate high academic achievements in high schools, colleges/and or universities. They must be born in the USA and reside in the Tri-State area of New York, New Jersey and Connecticut.

The amount of \$100,000 will be awarded each year in scholarships. A maximum of \$10,000 will be awarded each year per student who is attending a four-year college or university program/or graduate school.

Applicants must choose a major in the following field: **education, business, law, medicine, architecture, engineering and creative arts.**

Applicants must be unmarried and between the ages of sixteen (16), through twenty-five (25) years old. **(Please note that these scholarships are available to African American males only).**

General Information

- The deadline for submission of scholarship applications is **May 15th**.
- Applications can be obtained through a counselor in the Financial Aid Office of your learning institution.
- All applications and submitted materials become the property of Dr. Calvin Martin Memorial Scholarship Fund and will not be returned.
- Applicants may be born in any of the fifty, (50) states, but must demonstrate legal residence in the Tri-State of New York, New Jersey and Connecticut at the time of applying for scholarships.
- Applicants who are awarded scholarships will be notified in writing.

Application Process

- Applicants must submit with their applications all required supporting documentation and an essay or letter describing what they are currently studying.
- A copy of your college transcript must be submitted and sealed by the bursar's office. (Transcript must show a 3.5 GPA each year, to remain in the scholarship program).
- A photocopy of your birth certificate verifying birth in the United States of America and a photograph of applicant.
- Proof of legal residence in the Tri-State area of New York, New Jersey and Connecticut at least one year prior to application.
- All contacts must be with your counselor, who is the liaison between you and CMMSTF Scholarship Committee.
- Telephone and/or in-person interview may be necessary as part of the final selection process, by the CMMSTF, Scholarship Committee.

The estate of Dr Calvin Martin was bequeathed to the Dr. Calvin Martin Scholarship Trust Fund Inc, a non-profit charitable organization and not to any individual, school, college or university.

Ten schools have been selected to administer these scholarships to recipients, of the scholarship trust fund awards.

The CMMSTF Scholarship Committee reserves the right to add or cancel any school/colleges/universities from the CMMSTF approved list, at anytime and without notice.

DR. CALVIN MARTIN MEMORIAL SCHOLARSHIP TRUST FUND, INC.

ACADEMIC YEAR 2009-2010

Name _____ Security Number # _____

Address _____
Street City/State/Zip Code

Email: _____ Telephone(____) _____ DOB: __/__/__

US Citizen:

Yes _____

Gender:

Male _____

Race/Ethnicity:

African American _____

I. ESSAY

On a separate page(s), please tell us about yourself, for example: why you are deserving of a scholarship, current course of study, special role models.

II. COLLEGE/UNIVERSITY INFORMATION

Which college/university are you presently attending?

Name of College/University

4-year program _____ Graduate School _____ Graduation Date _____

What academic major are you pursuing? _____

III. SCHOLARSHIP INFORMATION

Have you ever received a Dr. Calvin Martin Memorial Scholarship Trust Fund award?

Yes _____ No _____ If yes, what year did you receive the award? _____

Authorization/Signature

I declare that the information reported on this form, to the best of my knowledge and belief, is true, correct and complete.

Applicant's Signature _____ Date _____

Parent's/Guardian's Signature _____

