

# REV. DR. MARTIN LUTHER KING, JR. SCHOLARSHIP

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## Section I: Personal Information

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

am currently attending College of DuPage. Course of Study \_\_\_\_\_

Do you plan to  earn a certificate?  earn a degree?  transfer from College of DuPage?

Please list types and dates of financial aid or scholarships received:

\_\_\_\_\_  
\_\_\_\_\_

Expected COD graduation date \_\_\_\_\_

## Section II: Certification

I certify that this is my permanent, legal address and that all other information is true and correct to the best of my knowledge. I authorize College of DuPage to release my grades, transcripts and information contained in this application to the sponsoring Scholarship Committee or to authorized College officials and will allow the use of my photo and/or information for publicity purposes. I understand in order to receive payment I must adhere to the stipulations of the College of DuPage Standards of Conduct and Academic Progress throughout the academic year.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return this application along with ALL required additional information to:**

College of DuPage  
Office of Student Financial Aid • Attn: Scholarship Coordinator • 425 Fawell Blvd. • Glen Ellyn, IL 60137