

# THE DR HORACE JACKSON LEGACY SCHOLARSHIP FUND

**Scholarship Information and Criteria**

# Application Deadline: March 31, 2025

The Dr. Horace Jackson Legacy Scholarship Fund provides financial assistance in the form of scholarships to graduating high school students from John W. North who demonstrate a desire to continue learning and a deep commitment toward a better, more inclusive world.

Dr. Jackson was North High’s second principal, recognized as a courageous, compassionate and innovative leader during a turbulent time nationally (1970-1976). On the multi-ethnic campus, Jackson established a unified culture of mutual respect and inclusion. He was known to be ever-present on campus, seeking ways to bring students together. Dr. Jackson influenced countless lives by showing confidence in his students and his staff. That legacy continues with the goal of equipping all North High graduates with the moral principle that every person is valued.

Recipients receive a $3,000 scholarship award for two years to an accredited two-year college ($3,000 per year). The scholarship awards are outright grant awards. No services will be required as a consequence of receiving the award. Scholarship funds are distributed each semester ($1,500 per semester) based on full-time enrollment and maintaining a 2.7 or better GPA. Student will be required to provide transcripts of classes and grades by Jan.1 in order to receive the 2nd installment of the scholarship.

This award is renewable for one year. It will be the responsibility of the recipient to provide proof of the required designated GPA, full-time attendance, and appropriate approved curriculum to continue receipt of scholarship.

Deadline for the receipt of the final college transcript, proof of attendance will be July 1 of each year. Failure to provide this information by July 1 will result in the scholarship being revoked.

Scholarship criteria:

* Minimum 2.7 G.P.A.
* Graduating senior from John W. North High School
* Show proof of full-time enrollment in a 2-year college at time of application and proof of registration in classes at the start of each semester
* Completed FAFSA form
* Exhibit involvement in community and/or school activities, which may include participation in an Academy program at North High.

The application packet MUST include:

1. Completed application form (online)
2. Proof of enrollment at community college/2-year college
3. Completed FAFSA form
4. 1 letter of recommendation
5. Personal statement
6. North High transcript (unofficial is acceptable)

**\*\* Please submit your applications to** [**dshackelford@iegives.org**](mailto:dshackelford@iegives.org)**.\*\* Denisha Shackelford**

**Inland Empire Community Foundation**

For more information, contact Denisha Shackelford, Program Manager at [dshackelford@iegives.org](mailto:dshackelford@iegives.org)



# The Dr. Horace Jackson Legacy Scholarship Application Deadline: March 31, 2025

***PLEASE PRINT OR TYPE:***

## APPLICANT INFORMATION:

Name:

Last First Middle

Address:

Number Street Apt. City State Zip Code

Home Phone Number: ( ) E-mail Address:

Cell Phone #: Birthdate:

## FAMILY INFORMATION:

Name of Parent or Guardian: Address:

Number Street City State Zip Code Occupation: Telephone Number: ( )

1. **TRANSCRIPT INFORMATION: A transcript must be attached to this application** Name of High School: Cumulative GPA:

## MAJOR SCHOOL ACTIVITIES

List all school activities in which you have participated during the past 4 years

|  |  |  |
| --- | --- | --- |
| **Activity** | **Which**  **years** | **Describe your role in this activity, any awards & special notes.**  **(If you need more space, include a separate page.)** |
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## COMMUNITY ACTIVITIES

List all community volunteer activities in which you have participated during the past 4 years

|  |  |  |
| --- | --- | --- |
| **Activity** | **Which**  **Years** | **Describe your role in this activity, any awards & special notes.**  **(If you need more space, include a separate page)** |
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1. **FAMILY RESPONSIBILITIES**

List your home responsibilities and contributions. Be specific (do you have chores at home, do you care for family members, do you help with your family’s expenses?)

|  |  |
| --- | --- |
| **Activity** | **Description** |
|  |  |
|  |  |
|  |  |
|  |  |

## FINANCIAL NEED:

Please describe any financial needs, unusual family and/or personal circumstances.

**FAFSA Form Completed and attached** Yes No

If so, what is your EFC (Estimated Family Contribution) as determined by FAFSA?

## PROOF OF ENROLLMENT IN COMMUNITY COLLEGE

College ID#:

Personal Email Address: Registration Date:

## PERSONAL STATEMENT:

**Please tell us your story.**

• What events or experiences shaped who you are today? Why do you think a college education is important? How will achieving a college degree help you reach your goals? What do you hope to achieve in the next two to five years?

• Dr. Jackson was a big believer in social justice, that all people deserved to be treated equally, fairly and with respect.

• Have you ever been a bystander to, or experienced an event that you believed was unjust (because of age, gender, color/race, school, neighborhood, club/team, etc.) or could you imagine such an event? If you were in that moment again, what would you do?

*\*\*Your personal statement is the most important way for us to know you. We suggest the following steps before you finalize your essay.*

*1) Check to be sure you answered ALL the questions*

*2) Does your essay represent your strongest statement about yourself*

*3) Ask someone you respect to review it before submitting*

**Select one of these formats for your statement:**

Written essay (min 500 max 1000 words) Video maximum of 5 minutes

PowerPoint presentation maximum of 12 slides (submitted in pdf format)

## LETTER OF RECOMMENDATION:

Please attach one (1) letter of recommendation

## APPLICANT CERTIFICATION

**I certify that the information provided in this application is complete and accurate to the best of my knowledge. I understand that the contents of this application will be shared with appropriate Review/ Approval Committees. If I am awarded a scholarship, information about me may be released for publicity purposes.**

**Printed Name:**

**Signature: Date**

**\*\* Please submit your applications to** [**dshackelford@iegives.org.\*\***](mailto:dshackelford@iegives.org) **DEADLINE *–* March 31, 2025**