**National Association of Buffalo Soldiers**

**and Troopers Motorcycle Club**

**Spartanburg Buffalo Soldiers**

**Motorcycle Club Chapter**



**Scholarship Application 2023**

Application Deadline

March 15, 2023

Mailed to:

Post Office Box 6492 Spartanburg SC 29304

Attn. Scholarship Committee

For additional information contact: https://www.spartanburgbsmc.com/scholarship

NATIONAL ASSOCIATION BUFFALO SOLDIERS

The philosophy of the National Association of Buffalo Soldiers and Troopers Motorcycle Club are:

• To promote the history of African American Veterans.

• To be a positive role model for youth in our community.

• To support our veterans by visiting local Veterans, their families, and supporting our fallen heroes.

• To support Charitable Organizations in our Community.

• To uphold the traditions and standards of the National Association of Buffalo Soldiers and Troopers Motorcycle Club.

• To promote Motorcycle Safety in our Community.

The Spartanburg Buffalo Soldiers Motorcycle Club program for 2023. The program targets deserving High school students in the following counties: Upstate South Carolina. The Spartanburg Buffalo Soldiers Motorcycle Club will award four (3) $2,000.00, $1,500.00. $1,000.00, 500.00 scholarships based on the student academic, community service and other criteria as found in the applicant packet. Family members of any Spartanburg Buffalo Soldiers Motorcycle Club are ineligible for selection in this scholarship program.

Each scholarship will be paid by NABSTMC SPARTANBURGBSMC Chapter to the student, and mailed to their school of choice, upon verification that he or she has been accepted and enrolled in an institution of higher learning. Graduating high school seniors with a GPA of 3.0 (on a 4.0 scale) or better, who have applied or been accepted to a college/university will be eligible to apply. The scholarship will be awarded based on proposed use, and overall qualifications, with emphasis on the quality of the final essay.

**Instructions for candidates:**

(1) Complete all forms in its entirety. Attach additional pages if required.

(2) Prepare a letter of introduction, who you are, your accomplishments to date, family background, and the degree to which you are seeking, and financial need. Provide a brief summary on how you plan to use the scholarship if selected.

(3) Provide at least one professional letter of recommendation prepared on official letterhead.

(4) Provide Student’s name, the complete name and address of the school you will be attending and student ID number. Checks will be mailed to the school via the student’s account.

(5) Write a 500-word essay (typewritten or handwritten in your own words) on one of the following topics. “**Do not write about the Buffalo Soldiers or Troopers Motorcycle Club.”**

A. What impact did the Buffalo Soldiers make in war and /or peace times? Why is it necessary to pass this legacy on to future generations?

B. Provide specific examples of how the Buffalo Soldiers facilitated the development of roadways, national parks and mail service.

C. The Congressional 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 that received this honor and what can be learned from his life, efforts, and commitment to duty.

D. Insert A copy of your professional photo:

**Contact Information:**

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

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |  |

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |  |

**Please Insert a Copy of Your Professional Photo:**

**Supporting Documents:**

The following documents are required to complete your application:

• ACT/SAT Scores

• Official High School Transcript (or equivalent if home schooled)

• A 500 word essay on the topics described above

• At least one letter of recommendation on official letter head from a teacher, guidance counselor or school administrator, and/or community service organization

• A letter of acceptance to an institution of higher learning

• Statement explaining your financial need, with a phone number

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

**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:

(1) It is my responsibility to make sure the application process is completed by the required deadline. If not, the application will be disqualified from the scholarship competition and will not be considered for an award.

(2) This application, upon receipt, becomes the property of the program sponsor.

I agree that, if selected as an award winner for the Spartanburg 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) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*\* **Local Chapter/Frontier must acknowledge receipt before sending it to the National Scholarship Committee.**

Chapter Frontier Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_