



KNIGHTS OF PETER CLAVER LADIES AUXILIARY
St. Peter Claver, Tampa Court #379
P. O. Box 6342
Tampa, FL 33608



SFC WILBERT DAVIS MEMORIAL SCHOLARSHIP

TO THE COUNSELOR/ WHOM IT CONCERNS:

The Ladies Auxiliary of the Knights of Peter Claver Court #379, Tampa, Florida is offering a scholarship in the amount of \$1,000.00 to a graduating Hillsborough County high school senior who is a dependent of a **past or presently affiliated military service person.**

The SFC Wilbert Davis Memorial Scholarship is awarded in honor of Tampa native, Wilbert Davis, who was The City of Tampa's first casualty of Operation Iraqi Freedom on April 3, 2003. He was posthumously awarded the Army Bronze Star and the Purple Heart.

The criteria for this scholarship includes a 300 word essay, copy of the cumulative summary sheet, (verified and signed by the counselor), the completed application, a copy of the student's military ID card, or proof of parent's military service [DD214], a 2"x3" photograph to be used for publicity purposes, and the notarized and signed Application Release Form).

Please give interested students who meet the military dependent status a copy of the application packet and have them return the completed information in the mail to Mrs. Giselle Johnson at P. O. Box 6342, Tampa, Florida 33608 by April 1, 201; .

Results on recipients will be found at <http://kpcla379tampa.wix.com/kpcla37> after June 15, 201; .

Thank you for your help!

Pauline Francis-Phillips

Pauline Francis-Phillips
Scholarship Co Chair

Laetitia Muforo

Laetitia Muforo
Scholarship Co-Chair

Giselle Johnson

Giselle Johnson
Grand Lady



KNIGHTS OF PETER CLAVER LADIES AUXILIARY
COURT #379



**APPLICATION FOR SFC WILBERT DAVIS MEMORIAL
SCHOLARSHIP**

Please print information in ink and return this form to Mrs. Giselle Johnson at P. O. Box 6342, Tampa, FL 33608 by April 1, 201; . When school policy dictates, the Cumulative copy of your verification sheet may be sent under separate cover.

PERSONAL INFORMATION:

Name: _____
 First Middle Last

Address: _____

Social Security Number: _____ **Date of Birth:** _____

Telephone Number: _____

Applicants must have military dependent status. Military ID card or parent’s proof of military service. (DD214)

List names and amounts of scholarships/grants you will receive.

EDUCATIONAL INFORMATION:

High School: _____

Address: _____

City, State, Zip: _____

EXTRA—CURRICULAR ACTIVITIES:

Graduation Date: _____

I have applied for admission to: (College or University)

SUPPORTING DOCUMENTATION:

_____ Three hundred (300) word essay on the following topic:

What do you consider to be the single most important issue in today's society and why?

_____ A copy of the CUMULATIVE SUMMARY sheet verified and signed by the Counselor

_____ A recent 2"x3" photograph of yourself (for publicity use only). The Scholarship Committee will not receive a copy of your photograph prior to selection.)

_____ The completed and notarized Application and Release Form

_____ A copy of your military ID card or Parent(s)' proof of military service (DD214)

CERTIFICATION STATEMENT: I certify that all of the information contained in this application is true and complete to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Applicant Release Form

In consideration of receipt of the SFC Wilbert Davis Memorial Scholarship, I,

Name: _____

Social Security Number: _____

Address: _____

City, State, Zip: _____

Have dependent status as defined on Page 1 (Personal Information) on this application, and I am:

a child of: a grand-child of: a great-grandchild of:

_____ I further certify that I am _____ years of age and do hereby assign and transfer unto Knights of Peter Claver Court #379, Ladies Auxiliary Scholarship Committee and/or its legal representatives the right to the enclosed photograph and the authority to produce the same. I hereby agree to protect and hold harmless Knights of Peter Claver Court #379 Ladies Auxiliary, Wilbert Davis Memorial Scholarship Committee and its legal representatives in the use of such photograph. Further, I hereby agree to allow Knights of Peter Claver Court #379, Ladies Auxiliary, and/or Knights of Peter Claver Ladies Auxiliary Court #379, Wilbert Davis Memorial Scholarship Committee to contact me at a future time regarding my scholastic accomplishments following receipt of any scholarship funds awarded by reason of this application.

WITNESS my hand this _____ day of _____, 2018.

Signature of Applicant: _____

Social Security Number: _____

State of _____ County of _____

On this _____ day of _____, 2018, personally appeared before me and acknowledged to me that he/she executed this instrument of his/ own free will and deed.

Notary Seal

Signature of Notary Public

My Commission Expires