American Chemical Society Georgia Local Section
Percy Julian High School Award

The Minority Affairs Committee of the Georgia Local Section of the American Chemical Society is pleased to announce the 2019 Percy Julian Award. This award will be given to two High School Seniors (one male and one female) in recognition of scholastic achievement and leadership ability. Each recipient will receive a $500 book scholarship and a one-year (student) membership in ACS.

Qualifications are as follows:
1. The Percy Julian award is open to African Americans, Hispanics, Native Americans, and members of other groups who are traditionally under-represented in science.
2. Students applying must have a cumulative GPA of 3.5.
3. Applicants must plan to major in a STEM (traditional science, technology, engineering, or math) discipline.
4. Applicants must plan to attend a college or university in the Fall 2019 semester.
5. Applicants must show evidence of leadership skills which promote racial, ethnic, and cultural understanding.

The deadline for application is April 12, 2019. Recipients of the Award will be notified by May 2, 2019. Awards will be presented at the American Chemical Society Georgia Local Section meeting in May.

Application Instructions
1. In order to process your application, we must receive the following materials (postmarked by April 12, 2019):
   a. Percy Julian Award Application Form (including a one-page career objectives and role of science in society essay and one-page evidence of leadership in science essay)
   b. Two Letters of Recommendation (may be submitted electronically to: pamela@plrconsultingservices.org)
      (1) One letter of recommendation highlighting your scholastic achievement
      (2) One letter of recommendation highlighting your leadership skills
   c. Academic Transcript
   d. Signed Photo Consent form

2. All items should be submitted to:
   Dr. Pamela M. Leggett-Robinson, PLR Consulting, 1931 Sandy Trail Drive
   Hampton, GA 30228
American Chemical Society Georgia Local Section
Percy Julian High School Award Application

Please return completed application, letters of recommendation, and transcript to:
Dr. Pamela M. Legget-Robinson, PLR Consulting, 1931 Sandy Trail Drive
Hampton, GA 30228

1. _________________________________________________________
   Last Name       First Name       Middle Initial

2. _________________________________________________________
   Home Address     City State     ZIP Code

3. ________________________________  4. __________________________
   Area Code/Telephone Number    E-mail Address

5. Intended Major ________________________

6. Cumulative GPA __________

7. List any awards received (use an additional page if necessary).

8. Please discuss your career objectives and your thoughts on the role of science in our society (one-page limit; attach additional sheet).

9. Please give evidence to your leadership activities in the promotion of diversity, social equity, or racial/ethnic, and cultural understanding in science (one-page limit; attach additional sheet).

10. Please include a copy of your academic transcript.

I acknowledge that the information I have provided is true to the best of my knowledge.

Student's Signature ______________________________ Date __________

Parent's Signature ______________________________ Date __________

Name of High School Attended: __________________________________________

Name of High School Endorser: __________________________________________

Signature of High School Endorser: __________________________ Date __________

Email: __________________________ Telephone: __________________________
Consent to Be Photographed and Published

I, ______________________________________________________, consent to be photographed by the American Chemical Society GA Local Section while receiving the Percy Julian Award. I further authorize that the photographs may be published for any purpose and in any form as it regards to the American Chemical Society.

Signature ______________________________________________________

Date______________________________

If under 18 years of age:

Parent or Legal Guardian’s Name ________________________________

Parent or Legal Guardian’s Signature ________________________________

Date______________________________