

The Uplift Foundation of Greater St. Louis
2026 Uplift Scholarship Application



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of Greater St. Louis



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Description and Requirements

1. Awards ranging from one thousand dollars (\$1000) will be awarded to graduating high school seniors selected by the Uplift Foundation Scholarship committee. Applicants must have attended high school in Greater St. Louis Metropolitan area.
2. Applicants must have a cumulative 3.0 and above (weighted scale).
3. The announcement of Scholarship winners will be made at their respected High School Awards ceremonies. Please provide the date and time for this event on page three of the application.
4. Each applicant must provide the following before being considered:
 - a. Complete the Uplift Foundation of Greater St. Louis scholarship application.
 - b. Copy of official high school transcript.
 - c. Two letters of recommendation from Teachers, Administrators, Pastors and/or Community groups.
 - d. Documentation of active involvement in community service and/or extra-curricular activities, such as social clubs, civic groups, sports, or vocational activities not necessarily directly related to school functions.
 - e. Write 700-750 words essay on: **What factors are most important for a student to be successful in their Post Graduate Life?** The essay must be original and either previously published nor secured by copyright. Essay must be typed and double spaced.
 - f. Financial student aid report.
 - g. Include senior picture with application.

APPLICATIONS MUST BE RECEIVED BY APRIL 24, 2026

*****SPECIAL NOTICE*****

1. The **applicant** must provide the Uplift Foundation of Greater St. Louis with a copy of the paid receipt of enrollment on or before September 30, 2026. Upon receipt of this documentation, The Uplift Foundation of Greater St. Louis will promptly send the recipient a check in the amount equal to the total scholarship award.
2. **Scholarship recipients will be selected at the sole discretion of the Uplift Foundation of Greater St. Louis and its scholarship evaluation criteria.**



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SCHOLARSHIP APPLICATION

STUDENT'S NAME: _____ DATE: ____/____/____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: (____) _____

MOTHER: _____ OCCUPATION: _____

EMPLOYED BY: _____

ADDRESS if different from applicant:

FATHER: _____ OCCUPATION: _____

EMPLOYED BY: _____

ADDRESS if different from applicant:

NAME OF HIGH SCHOOL: _____

NAME OF YOUR GUIDANCE COUNSELOR: _____

GPA: SENIOR YEAR _____ CUMMULATIVE GPA _____

INTENDED COLLEGIATE MAJOR: _____

LEADERSHIP ACTIVITIES:

ACADEMIC ACHIEVEMENTS/INTERESTS:



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SCHOLARSHIP APPLICATION

INDICATE ANY SPECIAL CIRCUMSTANCES TO BE CONSIDERED IN EVALUATING YOUR APPLICATION:

LONG RANGE CAREER GOALS (PLEASE BE SPECIFIC):

TOTAL NUMBER OF COMMUNITY SERVICE HOURS PERFORMED. (Minimum of 100 hours required) _____

NAME OF ORGANIZATION (S), AND TYPE OF COMMUNITY SERVICE (S) RENDERED:

I agree that, in accepting the Uplift Foundation Scholarship, I will abide by the restrictions set forth above. I agree to allow my picture to be used in marketing for our scholarship program. Finally, I agree to allow information pertaining to grades and enrollment to be released to Uplift Foundation of Greater St. Louis, P.O. Box 38115, St. Louis, MO 63138.

_____ Date ___ / ___ / ___ School Award Night Date: ___ / ___ / ___

Applicant's Signature

_____ Date ___ / ___ / ___

Parent's Signature: