



PINKARD YOUTH INSTITUTE

**BEDFORD L. PINKARD MEMORIAL  
SCHOLARSHIP**

APPLICATION

Application Deadline: May 20, 2020

Application is FILLABLE and should be printed MAILED and postmarked by:  
5/20/20

Dr. Irene G. Pinkard, Executive Director  
Pinkard Youth Institute  
P.O. Box 52211  
Oxnard, CA 93031  
[pinkardyouthinstitute@gmail.com](mailto:pinkardyouthinstitute@gmail.com)

## **Bedford L. Pinkard Memorial Scholarship” Application**

Bedford Louis Pinkard was the middle child of five children. He was raised in Oxnard and attended local schools and colleges in the area. He did not always have a lot to say, but when he did, people listened because his words spoke volumes. He was a person who was there for those who needed a mentor, listener, friend or motivator. If he saw someone mistreated or witnessed an injustice, it was his goal to speak up and search for a solution.

Bedford was an extraordinary athlete. In high school he boxed, played football, basketball and ran track. As an adult, he served on numerous community committees and organizations including the Oxnard Ambassadors, Noontimer Lions Club, Ventura County Grand Jury, Oxnard Union High School District Board, Black American Political Association of California and Oxnard City Council to name a few. In his honor and memory and steadfast advocacy for youth and activities for youth in the community, the Pinkard Youth Institute Board of Directors has endowed a scholarship, Bedford L. Pinkard Memorial Scholarship, for graduating seniors.

### **Criteria**

Recipients will be selected from applications submitted by students who meet the following criteria:

- Active in the community, church and/or charitable organization
- Active in sports and/or student leadership
- Demonstrates respect and kindness to others
- Be college bound, and have been enrolled in a college or university at the time of the award  
or provide evidence of admission and intent to attend.
- Minimum GPA of 2.3

### **To Apply**

Submit a completed application packet with the following:

1. Application- form is fillable, typed or printed in blue or black ink legibly, submitted before or by the deadline
2. An **official** transcript of high school grades with **authorized** signature(s)
3. **Two** letters of recommendation (authors of letters need title & signature)
  - A. One from a school staff member familiar with your academic accomplishments
  - B. One from an adult (not a family member) familiar with your school, community, church or work accomplishments
4. A current wallet size school or professional photograph

### **Application Deadline: Msy 20, 2020**

**The application, with required materials, must be postmarked before or by: May 20, 2020.** Please submit application and all required materials together, via mail, to:

Dr. Irene G. Pinkard, Executive Director  
Pinkard Youth Institute  
P.O. Box 52211  
Oxnard, CA 93031

***Incomplete and/or Late applications will NOT be considered.***

**Please Complete the Attached Bedford L. Pinkard Memorial Scholarship  
Application Form  
Submit It with All Required Materials to Dr. Irene Pinkard before or by  
May 20, 2020**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Current High School: \_\_\_\_\_

Date of Graduation \_\_\_\_\_ Current GPA \_\_\_\_\_

**COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND IN FALL 2019:**

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Accepted: \_\_\_\_\_ Yes \_\_\_\_\_ No      Enrolling: \_\_\_\_\_ Yes \_\_\_\_\_ No

**FAMILY INFORMATION:**

Mother/Guardian's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Please attach an additional sheet, with your name on each, if needed, for the following:**

**List any school or community awards or honors you have received.**

| Award | Organization | Year |
|-------|--------------|------|
|       |              |      |
|       |              |      |
|       |              |      |
|       |              |      |
|       |              |      |

**List any school-related organizations/activities in which you are or have been involved:**

| Organization/Activity | Position Held | Duration |
|-----------------------|---------------|----------|
|                       |               |          |
|                       |               |          |
|                       |               |          |
|                       |               |          |
|                       |               |          |

**List any volunteer or other community activity involvement outside of school. Include religious activities, charitable organizations, clubs, etc.**

| Organization/Activity | Position Held | Duration |
|-----------------------|---------------|----------|
|                       |               |          |
|                       |               |          |
|                       |               |          |
|                       |               |          |
|                       |               |          |

**List any work experiences you have been paid to perform:**

| Employer | Position Held | Duration |
|----------|---------------|----------|
|          |               |          |
|          |               |          |
|          |               |          |
|          |               |          |
|          |               |          |



## ***Declaration***

I hereby declare that all of the above my responses on the application are complete and accurate, and that any misrepresentation or omission of facts on my part will be justification for denial of this scholastic achievement award. I understand that the funds must be used for educational purposes (i.e., tuition, housing, books and/or supplies). I understand that if selected for this scholastic achievement award, funds will not be presented until I furnish proof of acceptance and enrollment in college courses. I authorize the PYI to use the information supplied here solely to assess my eligibility for a scholarship award.

Applicant's Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

### **Please attach the following additional information:**

- 1. An official transcript of high school grades.**
- 2. Two letters of recommendation**
  - A. One from a school staff member familiar with your academic accomplishments**
  - B. One from an adult familiar with your school, community, church or work accomplishments**
- 3. A current wallet size school or professional photograph**
- 4. Additional sheets describing school or community awards or honors, school-related organizations or activities, volunteer or community activity involvement, work experiences or biographical profile**

Forward completed application to:

**Dr. Irene G. Pinkard, Executive Director  
Pinkard Youth Institute  
P.O. Box 52211  
Oxnard, CA 93031**

**DEADLINE DATE: May 20, 2020**

***Incomplete and/or Late applications will NOT be considered.***

For additional information, please contact:  
Dr. Irene G. Pinkard  
pinkardyouthinstitute@gmail.com  
805-988-2426