

**Delmarva-DC**

**Lee Alumni**

**Scholarship**

**Application**

**2018**

<p style="text-align: center;"><b>Delmarva-DC Alumni Association</b> <b>Scholarship Requirements</b></p>
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Each year the Delmarva-DC Alumni Association awards scholarships to worthy applicants planning to attend Church of God institutions of higher learning. To be considered for a scholarship an applicant must meet the following requirements:

1. Applicant must plan to attend a Church of God institution of higher learning in the fall of the upcoming school year.
2. Applicant must plan to enroll as a full-time student (carrying 12 hours or more).
3. Applicant must be a full-time resident and regular attendee of a Church of God in Delmarva-DC.
4. Applicant must complete in full the appropriate application form.
5. Applicant must submit a current transcript of most recent school attended. (To be received in the Regional Executive Office by January 31, 2018)
6. Applicant must request a recommendation from their pastor. (To be mailed directly to the Regional Executive Office by the pastor. To be received in the Regional Executive Office by January 31, 2018.)
7. Applicant must request a personal recommendation from a present teacher or school administrator. (To be mailed directly to the Regional Executive Office by the teacher/administrator. To be received in the Regional Executive Office by January 31, 2018.)
8. **Applicant must submit a 250-word essay entitled, “My Plans for the Future.” (To be received in the Regional Executive Office by January 31, 2018.)**
9. Final applicants **MUST** meet with the Alumni Board for a personal interview. Applicants will be notified by phone of their interview time. If the applicant is not present **at their appointed time**, he/she will be disqualified.
10. **All** of the above materials must be received in the Regional Executive Office by January 31, 2018 to be eligible for scholarship consideration.
11. ***Only applicants applying directly to the Delmarva-DC Alumni Board will be considered for a scholarship.***

All information submitted to the Regional Executive Office will be kept confidential. Scholarships will be awarded on the basis of the following four considerations, listed in order of priority:

- **Involvement in Christian service and community service.**
- **Applicant’s awareness of his/her future goals, objectives, and ambitions.**
- **Applicant’s current academic performance.**
- **Applicant’s financial need.**

Should you have any questions concerning the Scholarship Application, please call 410-531-5351 or contact the Delmarva-DC Regional Executive Office, 7127 Long View Road, Columbia, MD 21044, or email Betty Moore at [betty.moore@cogdelmarva-dc.org](mailto:betty.moore@cogdelmarva-dc.org)

Office Use:

Date Received \_\_\_\_\_

**Application for Delmarva-DC  
Alumni Scholarship**

Attach  
Recent  
Photo  
here

**(Please complete every blank that applies to you)**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

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

Cell phone: \_\_\_\_\_ email: \_\_\_\_\_

Home Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**Academic Data:**

Which Church of God institution of higher learning do you plan to attend this fall? \_\_\_\_\_

**Minimum of at least 12 Credit Hours are required for Scholarship consideration.**

Division you plan to enter:             Arts & Sciences  
                                                  Education  
                                                  Religion  
                                                  Music

Year of classification:             First                             Second  
                                                  Third                             Fourth

High School attended \_\_\_\_\_

Date of graduation \_\_\_\_\_

Have you attended college before? \_\_\_\_\_ Where? \_\_\_\_\_

Have you ever been denied admission to any school?  Yes  No

(If yes, please explain) \_\_\_\_\_

Have you ever dropped out of any school for any reason?  Yes  No

(If yes, please explain) \_\_\_\_\_

**Personal Data:**

Name of Parents/Guardian: \_\_\_\_\_

Address of Parents/Guardian: \_\_\_\_\_

\_\_\_\_\_

Occupation of Parents/Guardian: \_\_\_\_\_

Name of Spouse (if applicable): \_\_\_\_\_

Name of local Church: \_\_\_\_\_ Are you a member? \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

List areas of Christian Service \_\_\_\_\_

List areas of Community Service \_\_\_\_\_

**Financial Data:**

Parents/Guardian total adjusted annual income: \_\_\_\_\_

Number of dependents living at home: \_\_\_\_\_

Applicant's total adjusted annual income: \_\_\_\_\_

Spouse's total adjusted annual income (if applicable): \_\_\_\_\_

List scholarships, grants \_\_\_\_\_

If yes, please list the approximate total: \_\_\_\_\_

**Other information that might help the scholarship committee in their evaluation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant's Signature*

Please return by **January 31, 2018** to: Church of God Regional Executive Office  
7127 Long View Road  
Columbia, MD 21044

Office Use:  
Date Received \_\_\_\_\_

**Delmarva-DC Alumni Scholarship  
Program  
Personal Recommendation**

*(Confidential)*

**To be completed by High School/College Administrator or Teacher**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

High School/College where you are presently serving: \_\_\_\_\_

Official capacity in which you are serving: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

**Please use the scale below to rate the applicant:**

*Excellent – 1*                      *Good – 2*                      *Average – 3*                      *Poor - 4*

*Sense of responsibility* \_\_\_\_\_                      *Influence on fellow students* \_\_\_\_\_

*Scholastic aptitude* \_\_\_\_\_                      *Ability to communicate* \_\_\_\_\_

*Reaction to authority* \_\_\_\_\_                      *Ability to adjust to situations* \_\_\_\_\_

**Please make a brief comment concerning the applicant's:**

*Character* \_\_\_\_\_

\_\_\_\_\_

*Personality* \_\_\_\_\_

\_\_\_\_\_

*Habits* \_\_\_\_\_

\_\_\_\_\_

I recommend the above named applicant *without* reservation: \_\_\_\_\_

I recommend the above named applicant *with* reservation: \_\_\_\_\_

I *cannot* recommend the above named applicant: \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **TITLE** \_\_\_\_\_

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**Delmarva-DC Alumni Scholarship  
Program  
Pastor's Recommendation**

*(Confidential)*

Name of applicant: \_\_\_\_\_

Is the applicant a regular attendee of your local church? \_\_\_\_\_

Is the applicant an active participant in your local church? \_\_\_\_\_

Consistent worshipper? \_\_\_\_\_ Faithful Tither? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Briefly state in your estimation why this applicant needs a scholarship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are his / her most evident strengths and weaknesses?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give a brief evaluation of the applicant as to attitude, integrity, energy, and spirituality.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby recommend the above named applicant *without* reservation: \_\_\_\_\_

I hereby recommend the above named applicant *with* reservation: \_\_\_\_\_

I *cannot* recommend the above named applicant: \_\_\_\_\_

Pastor's Signature \_\_\_\_\_

Name of local church \_\_\_\_\_

Home address \_\_\_\_\_

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

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