

Delmarva-DC

Lee Alumni

Scholarship

Application

2018

<p style="text-align: center;">Delmarva-DC Alumni Association Scholarship Requirements</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

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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