



**GRAHAM-WEBB-KENNEDY SCHOLARSHIP**  
**APPLICATION YEAR 2017**  
**DEPARTMENT OF LAY MINISTRY**  
**CHRISTIAN METHODIST EPISCOPAL CHURCH**



THE LAY MINISTRY BELIEFS: STUDYING SEEKING SHARING SERVING

**THE GRAHAM-WEBB-KENNEDY SCHOLARSHIP**

The Department of Lay Ministry, of the Christian Methodist Episcopal Church believes that educating our young men and women is a positive step in helping to provide role models for future generations. Thus, the **Graham-Webb-Kennedy Scholarship** named in honor of *Dr. Willie L. Graham, Dr. Roscoe Webb, and Dr. Yvonne Kennedy* will provide assistance to deserving **CME students** who plan to further their education after graduating from high school. The Department of Lay Ministry will, therefore, award nine (9) *Graham-Webb-Kennedy Scholarships (one from each Episcopal District within the United States)* in an amount no less than \$700 and not exceeding \$1000. An additional 5% of the award amount will be provided to students who choose to attend a CME College. We believe that this scholarship is one small way of helping to make dreams come true.

**APPLICANTS MUST MEET THE FOLLOWING SPECIFIC CRITERIA:**

- Be a member of a Local CME Church congregation.
- BE A HIGH SCHOOL SENIOR WHO WILL GRADUATE DURING THE 2016-2017 ACADEMIC YEAR.***
- Meet entrance requirements of the post-secondary institution of higher learning of which he/she plans to enroll.
- Submit a typed 300-400 word essay entitled "Why Advanced Education Is Critical to My Future".
- Be enrolled or planning to enroll, as a freshman in a full-time program of study at an accredited institution of higher learning, vocational, or technical school for the 2016-2017 academic school year.
- Submit three *current* reference letters, (other than relatives or students) one of which must be from the applicant's current pastor (if the applicant is related to the pastor, an active officer of the local church must write the letter).
- Submit high school transcript inclusive of the first semester grades (or first two (2) trimesters if applicable) for the 2016-2017 school year. **IMPORTANT NOTE: *Applicants who are chosen as winners must submit a final certified transcript bearing the school's official seal.***
- Submit a complete Scholarship Application. (Fill in all blanks/lines or insert N/A if the question or requested information does not apply to you).

**APPLICATIONS MUST BE POST MARKED BEFORE OR BY JULY 17, 2017.**

**IMPORTANT NOTE: *Emailed or faxed applications will not be accepted under any circumstances.***

**RETURN THE COMPLETED APPLICATION ALONG WITH OTHER REQUIRED DOCUMENTS TO:**

Ms. Yvonne Peters, Chair  
Graham-Webb-Kennedy Scholarship Committee  
Department of Lay Ministry  
550 Falcon Dr.  
Florissant, MO 63031-2110



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(Please print or type and use black ink)

**STUDENT INFORMATION**

**DATE** \_\_\_\_\_

**Name** \_\_\_\_\_

**Permanent Address** \_\_\_\_\_

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

**Date of Birth** \_\_\_\_\_ **Home Telephone ( )** \_\_\_\_\_

**Cell Number ( )** \_\_\_\_\_ **Email address** \_\_\_\_\_

**Member of** \_\_\_\_\_ **CME Church**

*(Name of Church)*

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Pastor's Name** \_\_\_\_\_

**Are you related to your Pastor? Yes ( ) ; No ( ) . If yes what is the relationship?** \_\_\_\_\_

**Episcopal District** \_\_\_\_\_ **Region** \_\_\_\_\_ **Bishop's Name** \_\_\_\_\_

**ACTIVITIES, ORGANIZATIONS, AND AWARDS**

List and/or describe the activities and organizations you have actively participated in while in high school. In addition, please include any awards that you have received. (Use an additional sheet if needed)

A. School \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Church \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Community \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What educational program or college major do you plan to enroll in? \_\_\_\_\_

Expected completion date \_\_\_\_\_

Name and location of institution you will be attending \_\_\_\_\_

**FINANCIAL/EDUCATIONAL RESOURCES:**

Are you presently employed? \_\_\_\_\_ Will you be employed while in school? \_\_\_\_\_

Number of persons residing in your household \_\_\_\_\_

**Fill in the blanks** to indicate the amount of financial assistance you will receive from other resources while in school. Please indicate whether *annual or monthly* by circling **A** for annual or **M** for monthly.

Amt. \$ \_\_\_\_\_ A / M Current Salary (if applicable)

Amt. \$ \_\_\_\_\_ A / M Veterans Benefits

Amt. \$ \_\_\_\_\_ A / M Social Security Benefits

Amt. \$ \_\_\_\_\_ A / M Vocational Rehabilitation

Amt. \$ \_\_\_\_\_ A / M Scholarships

Amt. \$ \_\_\_\_\_ A / M Pell Grant

Amt. \$ \_\_\_\_\_ A / M Loans

Amt. \$ \_\_\_\_\_ A / M Other Grants

Amt. \$ \_\_\_\_\_ A / M Other \_\_\_\_\_

*I certify that all of the information on this application is true and complete to the best of my knowledge. If requested, I agree to provide proof of the information that I have provided on this form.*

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_  
(Absolutely Required)

**Don't forget to include your neatly written or computer generated 300-400 word essay with this application.**

Selection of the Scholarship recipients will be based on: *membership in the CME Church, academic achievement, financial need, strength of references, and a 300-400 word essay. Completed applications MUST BE POSTMARKED ON OR BEFORE JULY 17, 2017.*

**PLEASE NOTE: EMAILED OR FAXED APPLICATIONS WILL NOT BE ACCEPTED UNDER ANY CIRCUMSTANCES.**

**Note: An impartial committee of non-CME educators will review the applications and recommend a winner from each United States Episcopal District.**