

## GRAHAM-WEBB-KENNEDY SCHOLARSHIP FOR THE 2015-2016 ACADEMIC YEAR DEPARTMENT OF LAY MINISTRY CHRISTIAN METHODIST EPISCOPAL CHURCH



#### **GENERAL INFORMATION**

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) <u>Graham-Webb-Kennedy Scholarships</u> (one from each Episcopal District within the United States) in an amount no less than \$500 and not exceeding \$1000. An additional <u>5% of the award amount</u> 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 for the scholarship must plan to enroll in a <u>FULL-TIME</u> program of study at an <u>accredited institution</u> of higher learning, vocational, or technical school. The recipients must provide proof of enrollment prior to receiving the award. After sufficient proof of enrollment, one-half of the award shall be made available to the institution (in the name of the institution and the student) for the fall semester and the remaining one-half after the beginning of the spring semester. When the learning institution's classes are scheduled on a trimester basis, the award amount will be made in equal parts during the fall trimester and the spring trimester. Scholarship awards are to be used to assist with the cost of tuition, fees, books, room and board, and/or supplies.

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 no later than July 31, 2015. PLEASE NOTE:

EMAILED OR FAXED APPLICATIONS WILL NOT BE ACCEPTED UNDER ANY CIRCUMSTANCES.

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

The complete 2015-2016 application package (with detailed guidelines and instructions can be accessed on the Department of Lay Ministry Web Site, The Christian Index, and online at: www.thecmechurch.org/layministry/GRAHAM-WEBB-KENNEDYSCHOLARSHIP\_PKGE.pdf.

If there are questions, please contact:

Ms. Yvonne Peters, Chair Graham-Webb-Kennedy Scholarship Committee

Telephone: 314-398-5461

Email - ylpeters13@sbcglobal.net

### SCHOLARSHIP CRITERIA AND APPLICATION INSTRUCTIONS



STUDYING

SERVING

SEEKING

SHARING

## FOR THE 2015-2016 ACADEMIC YEAR

## **DEPARTMENT OF LAY MINISTRY** CHRISTIAN METHODIST EPISCOPAL CHURCH



#### Applicants must meet the following specific criteria:

- Be a member of a Local CME Church congregation.
- □ BE A HIGH SCHOOL SENIOR WHO WILL GRADUATE <u>DURING THE 2014-2015</u> ACADEMIC YEAR.
- ☐ Meet entrance requirements of the post-secondary institution of higher learning of which he/she
- □ 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 2015-2016 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 your high school transcript inclusive of the first semester grades (or first two (2)) trimesters if applicable) for the 2014-2015 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).

Interested students are urged to apply as early as possible. APPLICATIONS MUST BE POST MARKED BEFORE OR BY JULY 31, 2015.

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

#### READ AND FOLLOW THESE INSTRUCTIONS VERY CAREFULLY AND USE AS YOUR PERSONAL **CHECKLIST IN COMPLETING THE APPLICATION**

Please neatly print or type all information.
Include your high school transcript inclusive of the first semester grades (or first
two (2) trimesters if applicable) for the 2014-2015 school year. Note:
Applicants who are chosen as winners must submit a final complete certified
transcript with school seal imprinted.
Fill in ALL blanks. <i>If a question or blank is "not applicable" state (N/A).</i>
Provide three (3) <b>current</b> reference letters.
<ul> <li>Note: One of the three letters of reference must be from current pastor; if you are related to the pastor, an active officer of the local church must write the letter.</li> </ul>
Neatly type or word-process your essay.
Be sure that your application is <b>post marked before or by July 31, 2015</b> .
Make sure that your contact information (telephone number(s), street address,
email) are <u>current and correct</u> .
Be sure that you have signed your application.

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

## **APPLICATION**



# GRAHAM-WEBB-KENNEDY SCHOLARSHIP FOR THE 2015-2016 ACADEMIC YEAR DEPARTMENT OF LAY MINISTRY CHRISTIAN METHODIST EPISCOPAL CHURCH



(Please print or type and use black ink)

STUDEN	IT INFORMATIO	ON	DATE		E
Name					
Permane	ent Address				
City				State	Zip
Date of	Birth			lome Telephone (	)
Cell Nun	mber ( )		Em	ail address	
Membe	r of		(Name of Church)		CME Church
City			State	Pastor's Name	
Are you	related to you	r Pastor? Yes (	); No ( ). If yes v	what is the relationsh	nip?
Episcopal District Region				Bishop's Name	
ACTIVIT	IES, ORGANIZA	ATIONS, AND A	WARDS		
	-		• ,		icipated in during the <i>past three and</i> d. (Use an additional sheet if needed)
A.	School				
В.	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 <b>annual</b> or <b>monthly</b> by circling <b>A</b> for annual or <b>M</b> 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					

DON'T FORGET TO INCLUDE YOUR NEATLY WRITTEN OR COMPUTER GENERATED 300-400 WORD ESSAY WITH THIS APPLICATION.