

Saint James A.M.E Church Nurse's Ministry Scholarship Application

Guidelines

- To be eligible for the Saint James A.M.E Church Youth Scholarship, applicants must meet all of the requirements.
- Incomplete applications will not be considered for evaluation.
- Applications must have authentic original signatures. Faxes will not be considered for evaluation.

Requirements

- Must be an active member of Saint James A.M.E. Church, Newark, NJ, and an active participant of Christian Education classes (Sunday School or Bible Study), for the past year
- Show proof of participation in a missionary type community activity or an auxiliary ministry in the church.
- Must use funds for undergraduate studies or school.
- Must have a cumulative overall grade point average (G.P.A.) of 2.5 or above.
- Submit ALL documentation and copies of registration as a student.
- Completed application and supporting materials are due in to Saint James A.M.E. Church office by **Aug 07, 2020 (4:00pm)**. If you prefer to submit your completed application and supporting materials via mail, the package must be **postmarked** by **Aug 05, 2020**.

Application Summary (all materials must be submitted at one time)

- All applications must be **typed** or **clearly printed** in blue or black ink.
- **Every blank** in the scholarship application **must be completed**. This includes a complete address and zip codes. If a particular portion of the application does not apply to the applicant, **N/A** should be placed on the blank.
- All applications must include an **official high school transcript**.
- Applicants must submit **two (2) letters of recommendation** (recommenders cannot be related to applicants):
 - One letter of recommendation from the Pastor, Youth Director, Sunday School Superintendent, or person within the church leadership who knows the spiritual stewardship of the applicant.
 - The second letter of recommendation must be from a current/ former teacher, guidance counselor, principal who knows the academic capabilities of the applicant. **Include the two (2) letters of recommendation in sealed envelopes with your completed application.**

Policies/Procedures

- The committee will evaluate each applicant based on the guidelines adopted
As amended and adopted: 06/25/2020 Board members children are eligible to apply, if no other members apply by deadline.

APPLICANT INFORMATION					
Full Name:				Date of Birth (mm/dd/yyyy):	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Address:					
	<i>Street Address</i>			<i>Apartment/Unit #</i>	
	<i>City</i>			<i>State</i>	<i>ZIP Code</i>
Phone:		Email Address:			
EDUCATION					
High School:					
	<i>Name of High School</i>				
Address of High School:					
	<i>Street Address or P.O. Box</i>				
					08542
	<i>City</i>			<i>State</i>	<i>ZIP Code</i>
Phone:		Expected Date of Graduation (mm/dd/yyyy):			
SCHOOL/COMMUNITY INVOLVEMENT					
PLEASE NOTE: List extra-curricular activities that you have been personally involved in during grades 9-12.					
Name of Activity		Years of Participation	Office(s) Held		
AWARDS/SPECIAL HONORS/DISTINCTIONS (attach a sheet with additional awards if needed)					
PLEASE NOTE: List up to five major awards, honors, or distinctions that you received during grades 9-12.					
Award/Honor/Distinction	Description/Basis for Award			Year(s) Received	

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AREA(S) OF CAREER INTEREST

Career Goal:	
Intended College Major:	

REFERENCES

PLEASE NOTE: Give the names of your church reference and your academic reference.

	Name	Title/Position	Phone
Saint James A.M.E Church:			
Academic:			

APPLICANT'S CERTIFICATION AND PERMISSION TO RELEASE INFORMATION

- I hereby certify that all information submitted on this application is true and accurate to the best of my knowledge.
- I understand that submitting nonfactual information will automatically disqualify me from consideration for all scholarships.
- By submitting this application, I authorize my high school to make information concerning my academic records available to the Saint James A.M.E. Church Nurse's Ministry Committee.

Applicant's Signature: _____ Date: _____

OPTIONAL COUNSELOR'S OR PRINCIPAL'S

PLEASE NOTE: This section is optional and to be completed by your high school.

Cumulative High School Grade Point Average: _____			Rank in Class: _____			Class Size: _____		
PSAT SCORES (if applicable)			SAT SCORES (if applicable)			ACT SCORES (if applicable)		
Date Taken: _____			Date Taken: _____			Date Taken: _____		
Writing: _____			Writing: _____			English: _____		
Critical Reading: _____			Critical Reading: _____			Math: _____		
Mathematics: _____			Mathematics: _____			Reading: _____		
						Science: _____		
						Writing: _____		
						Composite: _____		

I hereby certify that the academic information provided in this section is correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____

Title: _____

High School: _____ Phone: ()