

Delmarva-DC

Lee Alumni

Scholarship

Application

2022-2023

Complete Application Packet

Deadline: February 15, 2022

<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 Office by **February 15, 2022**.)
6. Applicant must request a recommendation from their pastor. (To be mailed directly to the Regional Office by the pastor. To be received in the Regional Office by **February 15, 2022**.)
7. Applicant must request a personal recommendation from a present teacher or school administrator. (To be mailed directly to the Regional Office by the teacher/administrator. To be received in the Regional Office by **February 15, 2022**.)
8. **Applicant must submit a 250-word essay entitled, “My Plans for the Future.” (To be received in the Regional Office by **February 15 2022**.)**
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 Office by **February 15, 2022** 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 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 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

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** _____

Please return by **February 15, 2022** to: Church of God Regional Office
7127 Long View Road
Columbia, MD 21044

Office Use:
Date Received _____

**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 _____

Please return by **February 15 2022** to: Church of God Regional Office
7127 Long View Road
Columbia, MD 21044