# BISHOP S.D. LEFFALL SCHOLARSHIP

**Application Packet** 



http://www.federatedpci.org/scholarship-department

## <u>Purpose Statement:</u>

The Bishop S.D. Leffall Scholarship grants money to high school seniors and adult students who are pursuing a higher education within the FPCI organization.

#### February 23, 2017

To: Potential applicants for Bishop S.D. Leffall Scholarship

From: Bishop S.D. Leffall Scholarship Chair & Dean of Students

Dear Potential Applicant,

Enclosed are the forms for the Bishop S.D. Leffall Scholarship.

Please read the enclosures carefully. Your application is important to us, but we cannot finish it for you if it is not complete. Please read carefully the criteria information to assure that your application meets the intended purpose established in the Bishop S.D. Leffall Scholarship guidelines.

Scholarships are open to all high school graduates that will be attending a College/University full-time in the fall as well as those already enrolled and attending full-time in an accredited College/University pursuing an Undergraduate Degree. Graduate and/or Doctoral Degree students must be taking a minimum of 9 credit hours without exception.

The Bishop S.D. Leffall Scholarship committee members reserve the right to deny any application that does not adhere to the intended purpose of this scholarship.

If you have any questions, you may contact Pastor Lisa Bowman-Macklin Scholarship Committee Chair and Dean of Students at information indicated below. Thank you

May God Bless you,

Sincerely,

# Dr. Lisa Bowman-Macklin

Dr. Lisa Bowman-Macklin
Office of the Executive Secretary
29409 19th Place South,
Federal Way, WA 98003
macklinministries@gmail.com or scholarship@federatedpci.org
(206) 355-4539

# The Bishop S.D. LEFFALL Scholarship Guidelines

"In the same way, faith by itself, if it is not accompanied by action, is dead" ~James 2:17NIV

The Bishop S.D. Leffall Scholarship was created from passionate people that love to bless the ministry of Jesus Christ being served in the Federated Pentecostal Churches International in honor of the late Bishop S.D. Leffall.

#### **Purpose:**

To support students in their educational pursuits and advancements in the Kingdom. --- "Until we all reach unity in the faith and in the knowledge of the Son of God and become a mature person, attaining to the whole measure of the fullness of Christ". ~Ephesians 4:13 NIV

#### Intent:

To provide assistance up to \$1,000.00 for spiritual growth endeavors, education costs, and basic needs.

#### **Eligibility:**

- The student(s) should be saved and filled with the Holy Ghost.
- The student(s) should be an "active member" of one of the Federated Pentecostal Churches (verification required)
- Must have an above average GPA (minimum of 3.0 cumulative; Transcript Required)
- The student(s) should be willing to submit quarterly grades for a full academic year to the Education Committee for monitoring purposes.
- Answer Essay Questions in a minimum of 250 words
- Recipients must be willing to give back to the Scholarship committee with a 1 year term commitment towards one of the following committees:
  - **-Executive Board** (Alumni or Graduate recipients only): Review Applications, Provide Annual Pledge, Attend Board of Bishops Meeting, Oversee other committees, etc.
  - -Marketing Committee: Social Media, Webpage, Marketing Materials, Flyers, etc.
  - -Fundraising Committee: Fundraisers, Pledges, Donations Letters, etc.
  - -Administrative Committee: Update Scholarship packet, Send Correspondence, etc.
- Application must be submitted by the applicant ONLY. We will not receive applications submitted on behalf of students.
- Letter of recommendation from your Pastor and a commitment letter from the student stating they are willing to be monitored on a quarterly basis.

**Application Process:** Applicants are selected by the Bishop S.D. Leffall Scholarship Board based on exemplary traits (including leadership), community involvement, and academic excellence. The information provided on the scholarship application including essays and letters of recommendation will be used in determination of the scholarship awards.

<u>Disbursement of Funds:</u> Announcement of Scholarship will be made at the FPCI National Convention for that year. Recipients will be notified of the date and location for that year. Scholarship Recipients are strongly encouraged to attend however, you are not required.

# BISHOP S.D. LEFFALL SCHOLARSHIP Application Form

The Bishop S.D. Leffall Scholarship, offers scholarships to individuals enrolled full-time in a College/University for assistance with the cost of tuition, college fees, books, student housing, etc.. Applicants will be evaluated based on the information provided on this application. Scholarships are awarded at the annual FPCI National Convention in August and disbursed by September of the same year. **Applicants DO NOT have to attend the convention**. Notifications will be emailed to the applicant. Applications must be postmarked and submitted to the Bishop S.D. Leffall Scholarship Chair/Dean of Students by **July 15, 2017**.

| I                                  | have read and understand the conditions of the Bishop S. fall Scholarship as explained in the instructions to Candidates for Scholarships. I affirm that I plant |                                    |                               |  |  |  |  |  |  |
|------------------------------------|--|------------------------------------|-------------------------------|--|--|--|--|--|--|
| Leffall Scholarship as             | explained in the instruct  | ions to Candidates for Scholarsh   | nips. I affirm that I plan to |  |  |  |  |  |  |
|                                    |  | niversity. I give permission to of |                               |  |  |  |  |  |  |
| release transcripts of             | my academic record a   | nd other information requested     | for consideration in the      |  |  |  |  |  |  |
| Bishop S.D. Leffall Sci            | holarship program. I ui  | nderstand that this application    | will be available only to     |  |  |  |  |  |  |
| qualified people who               | need to see it in the co   | urse of their duties. I waive the  | right to access letters of    |  |  |  |  |  |  |
|                                    |  | m that the completed applicatio    |                               |  |  |  |  |  |  |
| my own <mark>work. I affirm</mark> | the information contain  | ed herein is true and accurate to  | the best of my knowledge      |  |  |  |  |  |  |
| and bel <mark>ief.</mark>          |  |                                    |                               |  |  |  |  |  |  |
|                                    |  |                                    |                               |  |  |  |  |  |  |
| Date:                              | Signature:   |                                    |                               |  |  |  |  |  |  |
|                                    |  | fice Use Only                      |                               |  |  |  |  |  |  |
|                                    | Ofj  | ice Use Only                       |                               |  |  |  |  |  |  |
| Legal name in full:                |  |                                    |                               |  |  |  |  |  |  |
| (Print/Type)                       | Last Name  | First Name                         | M.I.                          |  |  |  |  |  |  |
|                                    |  |                                    |                               |  |  |  |  |  |  |
|                                    |  |                                    |                               |  |  |  |  |  |  |
| Permanent residence:               |  |                                    |                               |  |  |  |  |  |  |
|                                    | Numl   | per, Street, and Apartment Number  |                               |  |  |  |  |  |  |
|                                    |  | T 1034                             |                               |  |  |  |  |  |  |
| C                                  | ity  | State                              | Zip                           |  |  |  |  |  |  |
|                                    |  |                                    |                               |  |  |  |  |  |  |
| Phone Number:                      | E-ma   | il address:                        |                               |  |  |  |  |  |  |
| Name of word Local Ch              | ah   | Pastor/Bishop:                     |                               |  |  |  |  |  |  |
| Name of your Local Ch              | urcn:  | Pastor/Bishop:                     |                               |  |  |  |  |  |  |
| Name of College/Unive              | ersity attending:  |                                    |                               |  |  |  |  |  |  |
|                                    |  |                                    |                               |  |  |  |  |  |  |
| Current Classification:            | H.S. Senior, Freshman, S   | ophomore, Junior, Senior, Gradua   | ate/Doctoral Student          |  |  |  |  |  |  |
|                                    |  |                                    |                               |  |  |  |  |  |  |
| Current cumulative GP              | 'A:  | Major (if applicable):             |                               |  |  |  |  |  |  |
|                                    |  |                                    |                               |  |  |  |  |  |  |

Please include letters from your Pastor, Counselor, Instructor, or other individuals that are not related to you. (2 or more letters should be included).

## **BISHOP S.D. LEFFALL ESSAY QUESTIONS**

In a minimum of 250 words please answer the following questions: *If preferred can be submitted in essay format, staple document to this page.* 

| 1. List public service and community activities including church activities:   |
|--|
|  |
| 2. List part-time and full-time jobs (if applicable):  |
|  |
| 3. List awards, scholarships, publications or special recognitions you have received:  |
|  |
| 4. Describe how you have served your community as a volunteer:   |
|  |
| 5. State your career or academic plans/goals upon completing your studies:   |
| EST 1934   |
| 6. What other personal information do you wish to share with the Bishop S.D. Leffall Scholarship Committee:                        |
|  |
| 7. If selected as a S.D. Scholar, briefly describe how you would give of your time to support the Bishop S.D. Leffall Scholarship: |
|  |
|  |

### **RECOMMENDATION FORM**

| Applicant Name:     |                       |                     |               |                 |                          |  |  |  |  |
|---------------------|-----------------------|---------------------|---------------|-----------------|--------------------------|--|--|--|--|
| Name of person r    | naking recommend      | dation:             |               |                 |                          |  |  |  |  |
| Address:            |                       |                     |               |                 |                          |  |  |  |  |
| City, State, Zip co | de:                   |                     |               |                 |                          |  |  |  |  |
| Phone Number: _     |                       | E-mail address:     |               |                 |                          |  |  |  |  |
| How long have yo    | ou known the appli    | icant:              | in what c     | apacity         |                          |  |  |  |  |
| From your obse      | ervations and knov    | vledge, please rate | the applicant | by circling the | e appropriate number.    |  |  |  |  |
|                     | 5<br>Outstanding      | 4<br>Excellent      | 3<br>Fair     | 2<br>Poor       | 1<br>Not Recommended     |  |  |  |  |
| Character           | Outstanding           | Execuent            | Tan           | 1001            | Not Recommended          |  |  |  |  |
| Leadership          | 27/                   |                     | 7             |                 |                          |  |  |  |  |
| Dependability       |                       |                     |               |                 |                          |  |  |  |  |
| Maturity Level      | 1/2                   |                     |               |                 |                          |  |  |  |  |
| Academic<br>Success | 7 8                   |                     | C. C. C.      | - WE            |                          |  |  |  |  |
|                     | r letter to this form |                     |               |                 | oncerning this applicant |  |  |  |  |
| Data                | C;                    | atura               |               |                 |                          |  |  |  |  |
| Date                | Signa                 | ature               |               |                 |                          |  |  |  |  |

Submit to: Dr. Lisa Bowman-Macklin 29409 19th Place South, Federal Way, WA 98003 or <a href="mailto:Scholarship@federatedpci.org">Scholarship@federatedpci.org</a>
Note: Must be postmarked and submitted by July 15<sup>th</sup>.