

Second Episcopal District

African Methodist Episcopal Church



Women's Missionary Society Book Scholarship



Benay G. Hawkins Second Episcopal District WMS Scholarship Chairperson

Conference Branch Chairpersons
Rhonda Allmond, Baltimore
Patricia Edmond, Washington
Zena P. Ray, Virginia
Joyce E. Bryant, North Carolina
Donna N. Boykin, Western North Carolina

November 10, 2021

"I will instruct thee and teach thee in the way which thou shalt go: I will guide thee with mine eye."

Second Episcopal District | African Methodist Episcopal Church Women's Missionary Society

James L. DavisArelis B. DavisSelerya O. MooreServant BishopEpiscopal SupervisorEpiscopal President

2022 Second Episcopal District WMS Book Scholarship Application

Guidelines and Instructions

Purpose: To offer financial assistance to students pursuing an associate degree, a bachelor's degree, or an apprentice/trade school certification/licensure program

Applicants must: (criteria)

- 1. Have a G.P.A. of 2.0 or better to qualify
- 2. Be enrolled in a college/university/trade school certificate program
- 3. Be active in the AME Church in one of the five conferences in the Second

Episcopal District

- 4. Submit all required information5. Meet the deadline for submission
- 6. **Digitally sign application**

Review Committee must receive:

- 1. Application with all sections completed
- 2. Official copy of 1st Semester college/university/trade school transcript
- 3. Must be received in sealed envelope from school/program
- 4. Two letters of recommendation with original signatures:
- (1) Pastor/Church Official and (1) Local WMS President/YPD Director

Scanned signatures will be accepted; however, original signatures must be received no later than December 31, 2021

Available Date: November 10, 2021

Deadline: Received on or by December 31, 2021

Review Period: Applications will be processed January 3, 2022 - February 4, 2022.

Review Committee will: Award (1) \$500.00 book scholarship per conference

Utilize a rubric to evaluate each application submitted Select the top application score from each conference

Identify top score application from each conference as a recipient

Ensure checks are made out to and sent directly to student

Notify applicants not receiving a scholarship

Recipient Notification: No later than Monday, February 21, 2022.

Award Period: Checks will be distributed by the end of February 2022.

IMPORTANT:

- **INCOMPLETE** and **LATE** applications **will not** be considered.
- ·If you choose to submit your application via email you assume risks of transmittal errors and failures.
- 'It is the responsibility of the applicant to ensure that the application is complete with all signatures and **submitted/received** on/before **12/31/2021** deadline.

Please direct your inquiries and completed applications to:

Second Episcopal District WMS Scholarship Chairperson

Mrs. Benay Hawkins

P: (301) 952-1849 or (301) 325-6816

E: benay.hawkins@gmail.com

2022 SED WMS BOOK SCHOLARSHIP APPLICATION
Second Episcopal District | African Methodist Episcopal Church

PART I: PERSONAL INFORMATION

Last Name					
First Name		_ MI Date	of Birth		
Cell #: Home #:		Email			
Home Address	(City/State			_ Zip
AMF CHURCH	MFN	MBERSHIP INFORM	IATION		
Select Your Annual Conference: Baltimore		Washington		Virgin tern Nor	
AME Church to which <u>you</u> are a member					
Date joined					
Location (City and State)					
Name of current Pastor					
<u>CHURCH MINISTRY</u>	<u>/OF</u>	RGANIZATION PAR	TICIPATIO	<u>ON</u>	
Ministry		Position Held			When
OTHER COL	M N T I	IMITY/CIVIC CEDV	ICE		
Organization		<u>UNITY/CIVIC SERV</u> esition Held		Contact	Name/Phone
organization .		John Heiu	When	Contact	rume, rume
	†				

	<u>PAI</u>	RT II: ACADE	EMIC INFORMA	<u>TION</u>	
Indicate your current E	ducational Status:	Currer	nt Year College:		1st 2nd 3rd 4th
Name of High Scho	ool/GED Program		Graduation I	Date	GPA on 4-point scale
Name and address	s of college/unive	ersity or train	ning program (currently a	ttending:
					<u> </u>
Major/Trade/Indus	stry			Minor	
Date of enrollment	# (Credit hours (completed	G.P.A. ((on a 4-pt scale)
	PAKI III: F	'AMILY AND	FINANCIAL IN	FURMATIU	<u>N</u>
Parent/Guardian Name(s):					
Preferred Phone:					
Address:					
Household Info:	Single Parent:	Yes No # o	of Siblings in home_	# of Olde	er# of Younger
Estimated Annual Income:		1 1			
Are you employed?	Yes No	Full-t	time Part-tim	ne	Monthly Income
List all financial aid	(amounts) you h	ave received	l including gra	nts, loans a	nd scholarships/awards:
	Name		Amount	Grant; Loai	n; Scholarship; Award
]	List all pend	ing financial a	id:	
	Name		Amount	t Grant; I	oan; Scholarship; Award

Part IV: BIOGRAPHICAL ESSAY

The essay should be prepared by the applicant and (1) demonstrate applicant's financial need, (2) provide biographical information about applicant to include family, school, AME Church, community involvements, (3) statementon how applicant will remain connected spiritually while completing educational/trade aspirations, and (4) articulate future goals. Structure of essay should be typed in 12-point font, double spaced, use first person narrative, present withoutspelling and grammatical errors and must be at least 500 words.

PART V: REFERENCES

Please submit (2) two letters of recommendation with original signatures from the following persons: (1)Pastor/Church Official and (1) Local WMS President/YPD Director.

scanned signatures will be accepted; however, original signatures must be received no later than December 31, 2021

PART VI: TRANSCRIPT

Please request an official copy of your college/trade transcript to be mailed to the SED WMS Scholarship Chairperson, Mrs. Benay G. Hawkins, 2200 Manor Gate Terrace, Upper Marlboro, MD 20774.

Official copy of transcript must bereceived in sealed envelope by December 31, 2021.

Please direct your inquiries and completed applications to:

Second Episcopal District WMS Scholarship Chairperson Mrs. Benay G. Hawkins 2200 Manor Gate Terrace, Upper Marlboro, MD 20774

P: (301) 952-1849 or (301) 325-6816 | E: benay.hawkins@gmail.com

PART VII: CERTIFICATION

I certify that: (1) I am a member the African Methodist Episcopal Church

- (2) the information provided is accurate and provided to the best of my ability
- (3) my scholarship application is completed in its entirety

PART VIII: YOUR SIGNATURE

Print Applicant Name	Applicant's Signature	Date
	PLEASE DO NOT WRITE BELOW THIS LINE	
	FOR OFFICIAL USE	
Date received:	Applicant Ic	lentifier:
Reviewed by:	Date review	ved:
Signature of Conference Branch (Chairperson:	
	Date	:
Signature of 2 nd Episcopal Distric	ct WMS Scholarship Chairperson	