

AFRICAN METHODIST EPISCOPAL CHURCH

**2ND EPISCOPAL DISTRICT
LAY ORGANIZATION**



DAVIS/M^CKINNEY SCHOLARSHIP

2016–2017 ACADEMIC YEAR

DEADLINE: MONDAY, JUNE 6, 2016

CONTACT: Dr. V. Susie Oliphant

Ph. (301) 559-9488

vsfo@verizon.net

**AFRICAN METHODIST EPISCOPAL CHURCH
2ND DISTRICT LAY ORGANIZATION**

DAVIS/McKinney SCHOLARSHIP 2016- 2017

The Maude Davis/Joseph C. McKinney Scholarship was established by the Lay Organization of the 2nd Episcopal District for the purpose of assisting worthy young women and men, of the Christian faith, in the African Methodist Episcopal Church in obtaining a college education. The 2nd Episcopal District Lay Organization will administer the funds for this scholarship, with contributions from all five Conferences in the District: **Baltimore, Washington, Virginia, North Carolina and Western North Carolina, as well as the Davis/McKinney Scholarship Foundation.** The mission of the **Davis/McKinney Foundation** is to generate and award financial resources in support of the Davis/McKinney Scholarship Program.

ELIGIBILITY REQUIREMENTS:

- (1) Member of the African Methodist Episcopal Church;
- (2) Evidence of financial need;
- (3) Must be entering college/university/training institution from high school in the Fall of 2016 and/or first year college and submit official notification;
- (4) Must pursue courses **leading to an undergraduate degree or certification;**
- (5) Should meet the definition of young adult (ages 17-30).

THE SELECTION PROCESS:

Recipients will be selected by a selection committee, composed of members from each of the five conferences. The committee will evaluate eligible students' profiles, academic record, financial need, letters of recommendation, biographical statement and career goals, leadership qualities, extracurricular activities and accomplishments, employment status, family history, participation in the local church, and the professional quality of the application. **All applications should be thoroughly prepared and neat in appearance. The application should be typed. Applicants may fill out the initial application in draft form and finalize the application using word processing software or type written. No hand written application will be processed. Application is available on-line from vsfo@verizon.net**

SCHOLARSHIP AMOUNTS:

All conference committees have the prerogative to disseminate their allocation based upon appropriate distribution, and to select one or more students to receive the scholarship. The 2nd District Lay Organization determines the budget for this scholarship annually. **Scholarships should be distributed during the first semester of each academic year.** In the event the student recipient(s) is/are unable to attend the college, university, or training institution in the Fall of 2016, the award will be returned to the scholarship fund.

APPLICATION REQUIREMENTS:

Qualified applicants must submit the following documents:

- (1) The completed application form, using word processed or typed text;
- (2) **A current official High School transcript of grades and SAT scores;**
- (3) A minimum of (3) letters of recommendation (Pastor or Youth Pastor; responsible adult from his/her local church; and a responsible adult, non-relative outside of church;
- (4) **A one page biographical statement** including career goals; and
- (5) Evidence of financial need must be submitted.

Completed applications MUST BE received by stated deadline. Applications with missing components will not be considered in the final evaluation.

**** Pastors should not submit letters of recommendation for applicants who are their children.**

**AFRICAN METHODIST EPISCOPAL CHURCH
2nd EPISCOPAL DISTRICT LAY ORGANIZATION**

**DAVIS/M^cKINNEY SCHOLARSHIP
2016 – 2017**

Date: ____/____/____

Presiding Elder District: _____

LAST NAME	FIRST NAME	MIDDLE INITIAL
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ADDRESS:	STREET
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CITY	STATE	ZIP CODE
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Day Ph.	Evening Ph.	E-mail
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Name of Local Church	City	State
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Pastor's Full Name	CONFERENCE
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Your Date of Birth: / / Male Female

ACADEMIC ACHIEVEMENT: _____

GRADUATION DATE: _____ GPA (Use a 4 point scale) _____ Class Rank _____

Size Graduating Class _____ SAT/ACT Score(s) _____

Name & Address of Graduating High School (**Attach Official Transcript**)

Signature & Title of School Official	Date
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LIST HONORS AND AWARDS: (Use a separate sheet if necessary)

LIST SKILLS AND HOBBIES: (Use a separate sheet if necessary)

LIST EXTRACURRICULAR ACTIVITIES: (Use separate sheet if necessary)

LIST NAME AND ADDRESS OF INSTITUTION YOU WISH TO ATTEND:

Have you been accepted by a college/university, etc.? _____ Yes _____ No

What is your planned major? _____

Annual Tuition _____ Annual Room & Board _____

List all scholarship amounts and loans you have received to date. Should you receive an award, you must keep us informed of other financial aid received.

FAMILY INFORMATION: _____

Father's Name and Occupation if applicable

Employed By: _____
Organization, Position/Title, Location

Mother's Name and Occupation if applicable

Employed By: _____
Organization, Position/Title, Location

Are you employed? Part Time _____ Full Time _____

Do you live with one parent or two? _____ Estimated Family Income _____

Does/Do your parent(s) support you? _____ Partially _____ Fully _____

Highest level of education of parent(s) _____ Do you live in a single family home? _____

Total # of dependents in household including self _____ Number older than you _____

NON-ACADEMIC ACHIEVEMENT:

List major school-related extracurricular activities in which you have participated.

List major non-school related extracurricular activities in which you have participated.

List major civic or other non-school related honors or awards you have received.

List major church-related activities in which you have been actively involved.

LETTERS OF RECOMMENDATION:

Name

Title

Organization

1.

2.

3.

STATEMENT OF FINANCIAL NEED: Explain why you need this scholarship. (Please do not include any tax statements or other personal financial documentation).

Signature of applicant

Certifies the information above is correct.

DEADLINE:

Monday, June 6, 2016

**For questions contact: Dr. V. Susie Oliphant at (301) 559-9488
Send the completed application for the Davis/McKinney Scholarship to:**

**Davis/McKinney Scholarship
C/o Dr. V. Susie Oliphant
910 Luray Place
Hyattsville, Maryland 20783**

(All applications must be mailed, not faxed or by e-mail)