

INTERNATIONAL ASSOCIATION

MINISTERS' WIVES AND MINISTERS' WIDOWS, INC. Dr. Margaret Brown Payton, International President

Dear Applicant,

The Student Affairs Committee of the International Association of Ministers' Wives and Ministers' Widows, Inc. is pleased that you are interested in our scholarship program. We consider the education of young people to be one of our top priorities and recognizing that finances can be a hindrance to many students entering college for the first time, we are pleased to provide some assistance to deserving young men and women. Although our scholarships target children and grandchildren of ministers' wives or ministers' widows, others may be considered based on extenuating circumstances and financial need.

The applicant must be a high-school graduate desiring to continue their educational pursuits at an accredited college, university, or seminary. The applicant must possess good moral character and be a member of a church and an active participant in church programs and activities.

If interested, please complete all the required information listed on the Applicant Information Sheet and return along with all required documents. The complete application along with all required documents must be returned to the Student Affairs Committee **postmarked no later than June 1**st. Please pay close attention to the required items. Failure to provide the required documents will result in your not being considered for a scholarship. There will not be any **extension of the deadline date.**

If selected to be one of our scholarship recipients, you will be notified by July 10th. Verification of acceptance and enrollment from the institution you are attending is required before distribution of funds.

If you have questions or concerns, please contact Dr. Gloria F. Jackson at 703.590.1134.

Thank you for your interest in our scholarship opportunities. We wish you well in all your endeavors and educational pursuits.

In faith,

The Student Affairs Committee International Association of Ministers' Wives and Ministers' Widows (IAMWMW) Dr. Gloria F. Jackson Chair

Scholarship Application Requirements <u>Applicants will not be evaluated based on race, creed,</u> <u>Ethnic origin, gender, or religious preference.</u>

The packet requirements are as follows:

- Copy of High School Transcript inclusive of grades 9 through 12
- **Copy of letter of Acceptance/Intent** from the college/ university attending
- □ Applicant Personal Information Sheet completed and signed by student and parent/guardian
- □ Current Picture of Applicant
- *Letter of recommendation from the IAMWMW, Inc person that is recommending you for the scholarship (150 words)
- *Letter of recommendation from your Pastor/ Youth Minister to verify your membership and acknowledge activities that you are involved in at your church
- 🗆 Essay

Write a brief essay explaining your plans for the future, including goals and ambitions.

- Typed and double spaced, 12 pitch font
- 200 to 300 words in length
- □ *Letter of recommendation from a teacher or counselor
 - Typed and double spaced, 12 pitch font
 - 150 word maximum

*Note: All letters of recommendation are to be submitted in separate sealed envelopes included in your application package

Please submit documents to:

International Association of Minister's Wives and Minister's Widows, Inc. 4503 Dale Boulevard Woodbridge, Virginia 22193 (703) 590-1134

Applications must be postmarked by June 1

Dr. Gloria F. Jackson Chairperson, Commission on Student Affairs **Remember, all entries must be legible and clear**

APPLICANT PERSONAL INFORMATION SHEET

Please type or print legibly

Student Information

LAST NAME	FIRST	(M.I.)
STREET ADDRESS		
CITY	STATE	ZIP
CELL PHONE NUMBER		EMAIL ADDRESS
High School and Schola	astic Information	(to be completed by School Counselor)
High School		Graduation Date
High School Cumulative GPA		
Counselor's Signature		$\overline{\nabla EP} \setminus \overline{S}$
	College/Univers	ity Information
College you are attending		
College Address		
Phone Number		_
<u>Note:</u> Seminary students sho	uld include their le	etter of acceptance or Dean's recommendation
Anticipated Major		

Hobbies/Skills	/Skills
----------------	---------

List any offices/activities which might demonstrate leadership abilities

Father's (Guardian) Name		Nº4
Occupation		1 AL
Mother's (Guardian) Name		5
Occupation		
Number of brothers	Number of sisters	
Name of Mother's Local Alliance		
President of Alliance	<u></u>	
President's Telephone Number	3.LNI	-25/
Name of Grandmother's Alliance	e	
President of Alliance		
President's Telephone Number		
Are there any extenuating circur (Please explain)	mstances which might hind	der furthering your education?

Church Verification

Church Name	
Church Address	
Phone Number	Fax Number
Email (<i>if applicable</i>)	
Pastor's Name	
Pastor's Spouse's Name	
Describe your church involvement/activities	S' WIVES
15/	
	IS IS
By signing below, the following is understood:	E E E

- 1. I/We authorize the IAMWMW, Inc. (Student Affairs) to verify any and all information provided on this application as deemed necessary to make a scholarship award determination.
- 2. I understand the information provided will be used to select me as a possible scholarship recipient from the IAMWMW, Inc. (Student Affairs).
- 3. I agree to abide by the guidelines of the scholarship selection committee, and I understand that their decision is final.
- 4. I certify that the information provided within this application is true to the best of my knowledge.

All provided information is confidential and will be used for the sole purpose of making a scholarship selection. This information will not be shared with anyone without the express written consent of the applicant or their parent or legal guardian. All information will be destroyed after the awarding of scholarships. Provided information will not be returned to the applicant.

Student Signature/Date