



*"Where Love is Unconditional"*

## Dr. Dorothy W. Washington Legacy Scholarship Application (for College/University/Technical Institute Students)

The Dr. Dorothy W. Washington Legacy Scholarship Committee will award a \$500.00 scholarship to one or more qualifying applicants pursuing undergraduate study at an accredited College, University or Technical Institute. The scholarship will be issued after the last date allowed to withdraw.

### **Current Criteria**

Applicant must...

- Be a recipient of a Dr. Dorothy W. Washington Legacy Scholarship for High School and GED Graduates
- Be a college Sophomore, Junior, or Senior, or enrolled in an advanced learning technical institute
- Have a C+ or above GPA
- Provide a letter from the college or technical institute confirming enrollment
- Have school provide a current school transcript in a sealed envelope addressed to the Scholarship Committee as indicated below

Scholarship recipients will be notified. All documentation and information obtained in and with this application will be held in strictest confidence and will not be returned to the applicant.

Carefully review the above Current Criteria. It will assist you in making sure you provide everything the Scholarship Committee will need to give you proper consideration for a scholarship. Do make sure the attached Application is properly completed.

**Your application must be received or postmarked by [JUNE 30](#).** If you have questions, do feel free to contact Agape Christian Fellowship Church at 281-983-0055, Ext. 1003.

We wish you much success in achieving your educational goals.

Dr. Dorothy W. Washington Legacy Scholarship Committee  
Agape Christian Fellowship Church  
P. O. Box 721853  
Houston, TX 77272-1853

Dr. Dorothy W. Washington Legacy  
College/University/Technical Institute Scholarship Application  
Checklist

A complete Application Package must include the following. **PLEASE INCLUDE THIS SHEET WITH YOUR APPLICATION.**

\_\_\_ A completed Scholarship Application (*Preferably typed* or *neatly printed* applications will be permitted. We are not responsible if your application is not legible. No pencil.)

\_\_\_ Your Official Transcript, or Letter from Technical Institute (on letterhead) stating level of training, that is unopened and addressed to the Scholarship Committee as indicated below.

\_\_\_ Documentation of Acceptance to College, University or Technical Institute

**Scholarship Applications must be received or postmarked by [JUNE 30](#) and mailed as follows:**

Dr. Dorothy W. Washington Legacy Scholarship Committee

Agape Christian Fellowship Church  
P. O. Box 721853  
Houston, TX 77272

Dr. Dorothy W. Washington Legacy  
College/University/Technical Institute Scholarship Application  
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**PLEASE PRINT OR TYPE**

**APPLICANT INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**FAMILY INFORMATION**

Legal Guardian's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_

**EDUCATIONAL STATUS**

Current classification level for which you seek this award:

\_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_ Technical Institute

Date of Expected Graduation \_\_\_\_\_

College/University/Technical Institute Currently Attending:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Scholarship Applications must be received or postmarked by **JUNE 30**.**

Dr. Dorothy W. Washington Legacy  
College/University/Technical Institute Scholarship Application  
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**DISCLAIMER & SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. If chosen as a recipient, I understand that false or misleading information in my application may result in the loss of this award.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Scholarship Applications must be received or postmarked by **JUNE 30**.**