



“Where Love is Unconditional”

Dr. Dorothy W. Washington Legacy Scholarship Application (for Graduating High School & GED Students)

Dear Student:

We are pleased that you have chosen to apply for a Dr. Dorothy W. Washington Legacy Scholarship. Agape Christian Fellowship Church will award \$500.00 scholarships to graduating high school students or GED graduates (22 years and younger).

Applicants **MUST** have a C+ or above GPA to apply. Scholarship recipients are expected to continue the high academic standards that they displayed in High School. A copy of the student's enrollment verification and college or institute of higher learning acceptance letter must be provided to the Scholarship Committee Chairperson. The Dr. Dorothy W. Washington Legacy Scholarship may also be utilized for advanced learning technical institutes.

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.

Scholarships will be paid after the last date allowed to withdraw.

Carefully review the attached Application Checklist. It will provide additional requirements and assist you in making sure you provide everything the Scholarship Committee will need to give you proper consideration for a scholarship. The Application Checklist is to be returned with your application. 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 me.

Wishing you much success in achieving your educational goals,

Dr. Dorothy W. Washington Legacy Scholarship Committee
Agape Christian Fellowship Church
281-983-0055, Ext.1003

Dr. Dorothy W. Washington Legacy Scholarship Application Checklist

A complete Application Package must include...

___ 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 that is unopened and addressed to the Scholarship Committee as indicated below.

___ Written Original Essay (limit of 500 or less words typed and double-spaced) in which you...

- a) Provide your life goals
- b) Indicate how a higher level of education will assist you to obtain these goals
- c) Indicate how this scholarship will help you to achieve your goals

___ Recent Photo (Photo will not be returned.)

___ Documentation of Acceptance to an institute of higher education or technical institute

___ Reference letter from your church Pastor on church letterhead to verify church membership, regular attendance, and active involvement in your church

___ Three letters of recommendation (One from each of the following):

- a) High School
- b) Community Organization in which you served
- c) Club that you participated in

SEND ALL INFORMATION BY **JUNE 30** TO...

Dr. Dorothy W. Washington Legacy Scholarship Committee

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

Dr. Dorothy W. Washington Legacy
Scholarship Application

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 _____

HIGH SCHOOL INFORMATION

High School _____ Graduation Date _____

Address _____ City _____ State __ Zip Code _____

Phone _____

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

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HONORS AND AWARDS EARNED IN HIGH SCHOOL (Attach additional page if necessary.)

Honors	Awards

LEADERSHIP OFFICES HELD IN HIGH SCHOOL & COMMUNITY ORGANIZATIONS (Attach additional page if necessary.)

Clubs, Social Activities, Community Organizations	Number of Years	Offices Held

EXTRACURRICULAR ACTIVITY PARTICIPATION (Attach additional page if necessary.)

Name of Activity	Number of Years

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 _____