

# Dr. Andrew Thomas Empowering Scholarship Youth Scholarship Application

## Guidelines

- To be eligible for the Rev. Andrew Thomas Empowering Scholarship, applicants must meet all of the requirements.
- Incomplete applications will not be considered for evaluation.
- Applications must have authentic original signatures. Faxes will not be considered for evaluation.

## Requirements

- Must be a member in good standing of Mt Pilgrim Baptist Church, Lugoff, South Carolina and either active in youth ministry or attending church on a regular basis (2 times per month)
- Must be a prospective high school graduate in the year of application.
- Must use funds for undergraduate studies or school.
  - Must be accepted to a 2 or 4 year college, university, or technical school
- Must have a cumulative overall grade point average (G.P.A.) of 2.50 or above.
- Submit ALL documentation and copies of registration as a student.
- Completed application and supporting materials are due in to MP Foundation office by **May 30<sup>th</sup>**. If you prefer to submit your completed application and supporting materials via mail, the package must be **postmarked** by May 30<sup>th</sup>.
- Must respond to one of the following essay questions:
  - Why do you need this scholarship; or
  - Describe your faith journey during your high school years. Share who helped you along the way, any significant event or memories, and who you have helped.

## Application Summary (all materials must be submitted at one time)

- All applications must be **typed** or **clearly printed** in blue or black ink.
- **Every blank** in the scholarship application **must be completed**. This includes a complete address and zip codes. If a particular portion of the application does not apply to the applicant, **N/A** should be placed on the blank.
- All applications must include an **official high school transcript**.
- Applicants must submit **two (2) letters of recommendation** (recommenders cannot be related to applicants):
  - One letter of recommendation from the Pastor, Associate Minister, Youth Director, Sunday School Superintendent, or person within the church leadership who knows the spiritual stewardship of the applicant.
  - The second letter of recommendation must be from a current/ former teacher, guidance counselor, principal who knows the academic capabilities of the applicant. **Include the two (2) letters of recommendation in sealed envelopes with your completed application.**

## Policies/Procedures

- The committee will evaluate each applicant based on the guidelines adopted.
- Scholarships will be awarded annually provided the funds are available.

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**Questions?** Contact the MP Foundation  
(803) 724-8858 or [www.mpfoundationcares.org](http://www.mpfoundationcares.org)

## APPLICANT INFORMATION

<b>Full Name:</b>			<b>Date of Birth</b> (mm/dd/yyyy):	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>	
<b>Address:</b>				
	<i>Street Address</i>		<i>Apartment/Unit #</i>	
	<i>City</i>		<i>State</i>	<i>ZIP Code</i>
<b>Phone:</b>	(    )	<b>Email Address:</b>		

## EDUCATION

<b>High School:</b>				
	<i>Name of High School</i>			
<b>Address of High School:</b>				
	<i>Street Address or P.O. Box</i>			
	<i>City</i>		<i>State</i>	<i>ZIP Code</i>
<b>Phone:</b>	(    )	<b>Expected Date of Graduation (mm/dd/yyyy):</b>		

## SCHOOL/COMMUNITY INVOLVEMENT

**PLEASE NOTE:** List extra-curricular activities that you have been personally involved in during grades 9-12.

Name of Activity	Years of Participation	Office(s) Held
1.		
2.		
3.		
4.		
5.		

## AWARDS/SPECIAL HONORS/DISTINCTIONS (attach a sheet with additional awards if needed)

**PLEASE NOTE:** List up to five major awards, honors, or distinctions that you received during grades 9-12.

Award/Honor/Distinction	Description/Basis for Award	Year(s) Received
1.		
2.		
3.		
4.		
5.		

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## AREA(S) OF CAREER INTEREST

<b>Career Goal:</b>	
<b>Intended College Major:</b>	

## REFERENCES

**PLEASE NOTE: Give the names of your church reference and your academic reference.**

	Name	Title/Position	Phone
<b>MT Pilgrim:</b>			(     )
<b>Academic:</b>			(     )

## APPLICANT'S CERTIFICATION AND PERMISSION TO RELEASE INFORMATION

- I hereby certify that all information submitted on this application is true and accurate to the best of my knowledge.
- I understand that submitting nonfactual information will automatically disqualify me from consideration for all scholarships.
- By submitting this application, I authorize my high school to make information concerning my academic records available to the MP Foundation Youth Scholarship Committee.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OPTIONAL COUNSELOR'S OR PRINCIPAL'S

**PLEASE NOTE: This section is optional and to be completed by your high school.**

Cumulative High School Grade Point Average: _____			Rank in Class: _____			Class Size: _____		
<b>PSAT SCORES (if applicable)</b> Date Taken: _____ Writing: _____ Critical Reading: _____ Mathematics: _____	<b>SAT SCORES (if applicable)</b> Date Taken: _____ Writing: _____ Critical Reading: _____ Mathematics: _____	<b>ACT SCORES (if applicable)</b> Date Taken: _____ English: _____ Math: _____ Reading: _____ Science: _____ Writing: _____ Composite: _____						

I hereby certify that the academic information provided in this section is correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

High School: \_\_\_\_\_ Phone: (     )

## PLEASE ATTACH ESSAY