REV. MATTHEW WILSON (GIG) SCHOLARSHIP APPLICATION

ED BLAIR CONSISTORY #286 P.O. BOX 215 Temple, Texas 76503 254-773-5181

Purpose:

• To financially assist two first year freshmen who plan to attend an accredited college or university with a monetary awardment of \$1,000.00 each.

Eligibility:

- Must be a first year college student
- Must be a US Citizen
- Maintain a Grade Point Average of 2.5 or above on a 4.0 scale
- Must enroll as a full-time student for the Fall Semester (min.12 credit hours/semester) and must provide proof of enrollment.

Selection is based on the following:

- Essay
- Financial Need
- Academic Achievement
- Extracurricular Activities
- Community Involvement
- Leadership/ Honors/ Awards
- Employment/Internship History
- References

Application Package Must Include:

- 1. Completed and Signed Application
- 2. Official High School Transcript
- 3. SAT or ACT test scores
- 4. Double spaced typed essay, not to exceed two pages on:

"Why you wish to obtain a college education?"

5. Two typed recommendation or character reference letters from a teacher, counselor, community leader, supervisor, or religious leader.

Postmark Application Deadline: 05/20/2022

- Applications postmarked after the deadline will not be accepted; no extensions or exceptions.
- Applications sent by fax, email or hand delivered will not be accepted; no exceptions.
- Incomplete applications will not be considered or reviewed. If you have any questions, please forward all inquiries to CIC Vendal Adderley by email: adderley@embargmail.com.

Mailing Instructions:

DO NOT FOLD ANY OF THE INFORMATION

- All materials must be sent in a 9" x 12" or larger envelope, including transcript.
- Application package must be postmarked no later than the deadline as stated above.
- Send application package:

REV. MATTHEW WILSON (GIG) SCHOLARSHIP

ED BLAIR CONSISTORY #286 P.O. BOX 215 Temple, Texas 76503

Scholarship Application

Carefully type or print your information, we will be contacting you mainly via email

Full Name:	
Current Address:	
Daytime Phone:	Evening Phone:
Cell Phone:	What is the best way to contact you?
E-mail Address:	
How many members are in your household: _	
How many are currently attending college:	
Are you a U.S. Citizen? Yes	No
Stud	dent Profile Information
Will you enroll as a full time student during the (min. 12 credit hours/semester)	e fall semester? Yes No
College or University:	
Address:	
Have you already been accepted into a colleg	ge or university? Yes No
If yes, please provide a copy of your acceptar	nce letter.
List possible majors and areas of interest:	
<u>Major</u>	Area of Interest
	Family Information
	·
Father's Name	
Permanent Address:	
Home Phone:	Work Phone:
Cell Phone:	Email Address:
Occupation:	
Annual Salary:	

Mother's Name						
Permanent Address:						
			ork Phone:			
Cell Phone:			Email Address:			
Occupation:						
Annual Salary:						
			Activities			
Please list, in priority of contributions, talents, listrice and work done participated. If you ne	honors and abi e.) Please spel	lities in the are I out the name	eas of extracurries and describe	cular activities, serv the organizations in	vice and work. (Include which you have	
Extracurricular Activ	ities	Were you		Description of	Hours per	
Organization	Position/Yr.	Elected?	Level	Activities	Wk./ Hours per Yr.	
Ex. Debate Club	Committee Chair/senior	Yes	Regional	Hosted Speech Tournament	3/32	
Community Service						
Service/Volunteer Work	Description of	Service	<u>Total</u> <u>Hours</u>			
Ex. Habitat for Humanity	Helped build ho	uses 	120			
		_				
Talents/Awards/Honor Talents/Awards/Honor Ex. UIL Debate			evel <u>Year</u> rsity 2019			
2.						
2						
3						
4						

	r Your Specific	Role/Job Title	From-Thru	Hours per week
Ex. Exchange Program	Spent two months wit	h host family in Spain	6/03 – 5/04	n/a
•————				
•				
•				
.eadership				
	ific Role/Job Title	From-Thru	<u>Year</u>	
Ex. Accounting Society Vice	e-president	Fall semester	2021	
1				
				
·				
i				
•——————————————————————————————————————				
low did you hear about the		Wilson (GIG) Sch	olarship?	
(Please check all that a				
School Counselor	Family	Member	Care	eer Center

Certification:

- I certify that I intend to enroll as a full-time (min. 12 credit hours/semester) college student for the academic year. A copy of the college enrollment verification and billing statement must be received before the scholarship is released. Failure to furnish this information will result in a loss of the scholarship.
- I agree to notify the Ed Blair Consistory #286 of any changes in my enrollment status. I further agree to inform the consistory of any address changes.
- I hereby give permission to the consistory, to use my name, picture or likeness as a scholarship recipient for the purpose of public relations and/or advertisement.
- I understand that all application materials become the property of the consistory and will not be returned to me.
- I certify that I have read all the above stipulations and accept all conditions thereof.

I certify that this information is complete and correct to the best of my knowledge.	If my application is
accepted, I agree to abide by the policies, rules and regulations of the Ed	
Blair Consistory #286.	

Student's Printed Name:	-
Student's Signature	Date
Guardian's Printed Name	-
Guardian's Signature:	Date: