African Methodist Episcopal Church

Second Episcopal District

Washington Conference Branch

WOMEN’S MISSIONARY SOCIETY

Annette C. Jones Scholarship

SCHOLARSHIP APPLICATION INSTRUCTIONS AND FORM

## **Purpose**

The Washington Conference Branch Women’s Missionary Society (WCB WMS) Scholarship is named in honor of Annette C. Jones, former President of the WCB WMS who served with distinction from 1989 until 1997. Under the leadership of Sister Jones, the youth and young adults of the Conference were a priority. This recognition is in line with her zeal for higher education, her passion for excellence, and her concerns for the success of young people regardless of their current social economic status. Given the above reasons, the Washington Conference Branch Women’s Missionary Society Annette C. Jones Scholarship (ACJS) was created.

## **ELIGIBILITY CRITERIA**

Students will be selected for one-time scholarships based on the following criteria:

1) Active member of a Washington Annual Conference Church

2) Graduating High School Senior

3) Academic Achievement: Minimum 2.5 GPA (official school transcript)

4) Contribution to school and community

5) Proof of Acceptance to a Post-Secondary Institution

6) Financial Need

7) Two Recommendation Letters (Church signed by the YPD Director, Pastor & WMS President; High School Principal or Teacher)

8) Essay

9) \*An Interview, if **requested**

**Applicants must complete and submit an essay, maximum 200 words, on one of the following topics:**

Barriers to my educational/life experiences and how receipt of the scholarship can impact my life.

The impact of receipt of the scholarship on my career goal and achievement plan.

\*Qualifying applicants may be asked to appear before at least two (2) Scholarship Committee members for a personal

interview.

Failure to appear for the scheduled interview will result in disqualification of the application.

**Please submit one package with all required documents to: wcbwms.scholarships@gmail.com**

**by May 15, 2024.**

**Any scholarship applications and documents that are not received by the deadline date will not be considered**

**For additional information or questions, please contact the Area ACJ Scholarship Committee Member:**

**Allawadrick Sister Melissa Morris –** [**lisaka1908@gmail.com**](mailto:lisaka1908@gmail.com) **– 301-524-6820**

**Celeste W. Duckette Sister Denise Brown-Fryar –** [**dbfryar1@verizon.net**](mailto:dbfryar1@verizon.net) **– 301-385-1974**

**Catherine C. Hemingway Sister Alzenia Hamlin –** [**minnowh3@aol.com**](mailto:minnowh3@aol.com) **– 301-599-0407 (h);**

**302-559-2436 (m)**

**Matilda Monroe Sister Elizabeth Smithay –** [**lizsmithay06@gmail.com**](mailto:lizsmithay06@gmail.com) **– 301-792-4706**

## **TYPES OF SCHOLARSHIP AWARDS AND DISBURSEMENT**

The recipient may designate the scholarship award for tuition aid and/or books. All checks will be made payable to the student's post-secondary institution or individual after receipt of proof of enrollment. The post-secondary institution may include a technical or vocational school. All funds are to be returned to the Washington Conference Branch WMS if the student withdraws from school.

**Scholarship Awards:**

1st Place– $1,000.00

2nd Place – $800.00

3rd Place – $600.00

4th Place – $500.00

A Book /Supplies Award Recipient - $100.00 (applicants not receiving 1st – 4th place)

**The WCB WMS ACJS Committee will announce the Scholarship awards no later than June 1st**

Annette C. Jones

WMS Scholarship Application

2023-2024

**All Information must be typed**

**PERSONAL INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Last Name: | First Name: | | Middle: | | Nickname: | |
| Address: | | City: | | State: | | Zip Code: |
| Home Phone: | Cell Phone: | | Email: | | | |

**CHURCH INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Church: | Pastor: | Missionary Society: | Missionary President: |
| YPD Director: | YPD Director Cell Phone: | YPD Director Email: | |

**SCHOOL INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| High School: | Address: | | | | City: |
| Office Phone: | | Office Phone | | Fax: | |
| Date of expected graduation: | | | Current cumulative grade: | | |
| Name of post-secondary school, technical or vocational institution where you plan to attend: | | | Anticipated date of enrollment: | | Will you attend full-time or part-time:  ; |
| **High School extracurricular** activities and offices held Years Active:   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | | | |

**Additional Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Church** activities (local, district, and episcopal) and offices held Years Active:   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| **Community** activities and offices held Years Active:   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |

**AGREEMENT**

1. I certify that the information provided is true, accurate, and complete.
2. By submitting this application, you authorize the Washington Conference Women’s Missionary Society to make inquiries into the personal information, school information, and references that you have supplied.

**SIGNATURE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s Signature: Print Name & Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Signature: Print Name & Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YPD Director’s Signature: Print Name & Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WMS President’s Signature: Print Name & Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pastor’s Signature: Print Name & Date:**

**Scholarship Application Rubric**

|  |  |  |
| --- | --- | --- |
| *Description* | *Maximum Score* | *Applicant’s*  *Score* |
|  |  |  |
| Transcript (GPA 2.5) | 15 |  |
| Church Activities | 11 |  |
| Extracurricular Activities | 11 |  |
| Community Activities | 10 |  |
| *Documents:* |  |  |
| Essay (Ideas are clearly conveyed, developed, organized, and connected, free of grammatical and punctuation errors) | 25 |  |
| YPD Director Letter with signatures from Pastor and WMS President | 13 |  |
|  |  |  |
| Principal or Teacher’s  Recommendation Letter | 13 |  |
| College Acceptance Letter | 2 |  |
| **Total Points** | **100** |  |
| *\*Interview* | 10 |  |

**NOTES:**