

SAINT PAUL AFRICAN METHODIST EPISCOPAL CHURCH

*6910 New Kings Road
Jacksonville, Florida 32219
(904) 764-2755*

CHRISTINE GARNER ATKINSON MEMORIAL SCHOLARSHIP

PURPOSE

To help encourage and reward scholarship attainment in the youth of St. Paul African Methodist Episcopal Church who graduate from high school.

To recognize a member for his or her Christian involvement at St. Paul African Methodist Episcopal Church, academic performance, and citizenship.

ELIGIBILITY

To be eligible for this scholarship, an applicant must:

Be a member in full fellowship and active in St. Paul African Methodist Episcopal Church. Example: member of the choir, YPD, or any other ministry.

Be a former member of the Acolyte Ministry or Youth Lay Ministry, but not limited to.

Be a graduating high school senior. Consideration will be given to applicants with a “C+” GPA or higher.

APPLICANT MUST SUBMIT:

Submit two (2) typewritten letters of recommendations from a member of Saint Paul and a Teacher or Counselor (not a parent or family member).

Copy of acceptance letter from College or University you plan to attend.

Current official transcript and copy of ACT or SAT scores.

The Ministry Verification Form

400-500 word essay typewritten (12 point font size) on “**What does Stewardship mean to me and how will I be a good steward over what God has given to me.**”

VALUE OF SCHOLARSHIP

One (1) scholarship will be awarded for the academic year in the amount of \$1,500.00. The scholarship committee will forward funds upon confirmation from the college or university. The scholarship may be amended from time to time and the amendment communicated to the congregation.

Thank you! May God bless your efforts as you strive to “serve the Lord with gladness,” being all that God created you to be!

In order to receive a scholarship from Saint Paul African Methodist Episcopal Church, applicant for family representative must be present on Graduate Sunday.

For Office Use Only:

St. Paul Date _____ Month _____ Year _____

CHRISTINE GARNER ATKINSON SCHOLARSHIP APPLICATION

Name _____
Last First Middle

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Last four digits of SSN _____

Birth Date _____
Month Date Year

High School _____ Class Rank _____

Overall Academic Grade Point _____

Academic Honors _____

Church Activities (Give length of time) _____

Community Activities (Give length of time) _____

Signature: _____ Date: _____

