

SAINT PAUL AFRICAN METHODIST EPISCOPAL CHURCH
6910 New Kings Road
Jacksonville, Florida 32219
(904) 764-2755

SARAH ALLEN SCHOLARSHIP
Saint Paul Outstanding Female Student

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 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 current 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 female graduating high school senior.

APPLICANT MUST SUBMIT:

- Submit three (3) typewritten letters of recommendations from a church officer, a Principal or Counselor and Director/Chair of Community Organization (**cannot be your parent**).
- 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
- 500-600 word personal statement **outlining your personal life goals which include a paragraph about your personal, community interests and a community activity or program in which you are involved.**

VALUE OF SCHOLARSHIP

One (1) scholarship will be awarded for the academic year in the amount of \$2,500.00. 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 _____

SARAH ALLEN 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: _____

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Principal/Counselor Recommendation

*This form should be completed by the high school guidance counselor.
In addition, a copy of official high school official transcript,
including class rank and test results, must be submitted.*

This certifies that _____ ranks _____ in a class of _____
Name of Student

seniors at the end of the _____ semester at _____
Name of School

located _____
School Address

City, State, and Zip Code

ACT Score: _____ SAT Score: _____

Please Print

Name: _____ Title: _____

Signature: _____ Date: _____

In addition to completing this form, please prepare a letter of recommendation which includes the above student's attendance habits and commitment to education. Please give both the recommendation letters and form to the student. Thank you for your invaluable assistance.