

**SAINT PAUL AFRICAN METHODIST EPISCOPAL CHURCH**

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

***CORINE WILKINS COLE 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 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 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 (**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
- 300 word essay typewritten (12 point font size) on “**The Most Influential Person in My Life.**”

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

## CORINE WILKINS COLE MEMORIAL 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: \_\_\_\_\_