



DEPARTMENT OF LAY MINISTRY
Christian Methodist Episcopal Church
GRAHAM-WEBB SCHOLARSHIP 2011-201



GENERAL INFORMATION

The Department of Lay Ministry, of the Christian Methodist Episcopal Church believes that educating our young is a positive step in helping to provide role models for future generations. Thus, the Graham-Webb Scholarship named in honor of Dr. Willie L. Graham and Dr. Roscoe Webb, will provide assistance to deserving **CME male students** who plan to further their education after graduating from high school. The Department of Lay Ministry will, therefore, award nine (9) *Graham-Webb Scholarships* (one from each Episcopal District within the United States) in an amount no less than \$500 and not exceeding \$1000. An additional **5% of the award amount** will be provided to young men who choose to attend a CME College. We believe that this scholarship is one small way of helping to make dreams come true.

Applicants for the scholarship must plan to enroll in a **full-time program of study at an accredited institution** of higher learning, vocational, or technical school. The recipients must provide proof of enrollment prior to receiving the award. After sufficient proof of enrollment, one-half of the award shall be made available for the first semester and the remaining one-half at the beginning of the second semester. When the learning institution's classes are scheduled on a trimester basis, the award amount will be made in equal parts during each trimester. **Scholarship awards are to be used to assist with the cost of tuition, fees, books, room and board and/or supplies.**

Selection of the Scholarship recipients will be based on: membership in the CME Church, academic achievement, financial need, and strength of references. **Completed applications must be postmarked no later than June 17, 2011.**

The complete 2011-2012 application package (with detailed guidelines and instructions) can be accessed online at:

[http://www.c-m-e.org/layministry/GRAHAM WEBB SCHOLARSHIP PKGE.pdf](http://www.c-m-e.org/layministry/GRAHAM_WEBB_SCHOLARSHIP_PKGE.pdf) .

If there are questions, please contact:

Ms. Yvonne Peters, Chair
Graham-Webb Scholarship Committee
Telephone: 314-398-5461
Email – ylpeters13@sbcglobal.net



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SCHOLARSHIP CRITERIA AND APPLICATION INSTRUCTIONS

Applicants must meet the following specific criteria:

- Be a **male** member of a Local CME Church congregation.
- Be a high school senior who will graduate during the Spring of 2011.
- Meet entrance requirements of the post-secondary institution of higher learning of which he wishes/plans to enroll.
- Write a 300/400 word essay entitled "Why Advanced Education Is Critical to My Future".
- Be enrolled or planning to enroll, as a freshman in a full-time program of study at an accredited institution of higher learning, vocational, or technical school for the 2011-2012 academic school year.**
- Submit three **current** reference letters, (other than relatives or students) one of which must be from the applicant's current pastor (if the applicant is related to the pastor, an active officer of the local church must write the letter).
- Submit your high school transcript inclusive of the first semester grades (or first two (2) trimesters if applicable) for the 2011-2012 school year. **Note: Applicants who are chosen as winners must submit a final or complete transcript with school seal imprinted when requested.**
- Submit a **complete** Scholarship Application.

Interested students are urged to apply as early as possible; applications must be post marked before or by June 17, 2011.

READ AND FOLLOW THESE INSTRUCTIONS VERY CAREFULLY AND USE AS YOUR PERSONAL CHECKLIST IN COMPLETING THE APPLICATION

- ___ Please neatly print or type all information.
- ___ Include your high school transcript inclusive of the first semester grades (or first two (2) trimesters if applicable) for the 2011-2012 school year. **Note: Applicants who are chosen as winners must submit a final or complete transcript with school seal imprinted when requested.**
- ___ Fill in ALL blanks. *If a question or blank is "not applicable" state (N/A).*
- ___ Provide three (3) **current** reference letters.
 - o **Note:** *One of the three letters of reference must be from current pastor; if you are related to the pastor, an active officer of the local church must write the letter.*
- ___ Neatly write, print, or word-process your essay.
- ___ *Be sure that your application is **post marked before or by June 17, 2011.***
- ___ Make sure that your contact information (telephone number(s), street address, email) are current and correct.
- ___ Be sure that you have signed your application.

Return the completed application along with other required documents to:

Note: An impartial committee of educators will review applications and recommend a winner from each United States Episcopal District.

**Ms. Yvonne Peters, Chair
Graham-Webb Scholarship Committee
Department of Lay Ministry
550 Falcon Dr.
Florissant, MO 63031-2110**



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(Please print/type and use black ink)

STUDENT INFORMATION

DATE _____

Name _____

Permanent Address _____

City _____ State _____ Zip _____

Date of Birth _____ Home Telephone () _____

Cell Number () _____ Email address _____

Member of _____ CME Church

City _____ State _____ Pastor's Name _____

Episcopal District _____ Region _____ Bishop's Name _____

ACTIVITIES, ORGANIZATIONS, AND AWARDS

List and or/describe the activities and organizations, you have actively participated in during the ***past three and one-half years***. In addition, please include any awards that you have received. (Use an additional sheet if needed)

A. School _____

B. Church _____

C. Community _____

WHAT EDUCATIONAL PROGRAM OR COLLEGE MAJOR DO YOU PLAN TO ENROLL IN?

Expected completion date _____

Name and location of institution you will be attending _____

FINANCIAL/EDUCATIONAL RESOURCES:

Are you presently employed? _____ Will you be employed while in school? _____

Number of persons residing in your household _____

Fill in the blanks to indicate the amount of financial assistance you will receive from other resources while in school. Please indicate whether **annual** or **monthly** by circling **A** for annual or **M** for monthly.

Amt. \$ _____ A / M Current Salary (if applicable)

Amt. \$ _____ A / M Veterans Benefits

Amt. \$ _____ A / M Social Security Benefits

Amt. \$ _____ A / M Vocational Rehabilitation

Amt. \$ _____ A / M Scholarships (include Pell Grant, s,

Amt. \$ _____ A / M Loans

Amt. \$ _____ A / M Grants

Amt. \$ _____ A / M Other _____

I certify that all of the information on this application is true and complete to the best of my knowledge. If requested, I agree to provide proof of the information that I have provided on this form.

Applicant's signature _____ Date _____

DON'T FORGET TO INCLUDE YOUR *TYPE WRITTEN OR NEATLY HAND WRITTEN* 300-400 WORD ESSAY WITH THIS APPLICATION.