WOMEN’S MISSIONARY COUNCIL

The Christian Methodist Episcopal Church

**Helena B. Cobb Higher Education (Four Year) Scholarship**

Criteria and Guidelines

1. The applicant must be an active female or male member of the Christian Methodist Episcopal Church for at least seven years. **Applicant** **applying for this scholarship cannot** **apply for the SOS** **Scholarship.**
2. The applicant must be a high school graduate preparing to enter college in the Fall 2023.
3. An official high school academic transcript must be attached to the application that shows the applicant’s grade point average (GPA) and ACT or SAT Scores.
4. A letter of certification from the applicant’s Pastor, Local and Region Presidents and Local and Region Vice Presidents must be attached to the letter (total of five letters).
5. There should be attached to the application, a letter of recommendations from two different persons who are not related to the applicant recommending the applicant for the scholarship.
6. Each applicant must write an essay of 500 – 1,000 words from the subject, *“My Goals and Objectives for the Next Four Years.*” Financial needs and church membership/participation must be described in the essay.
7. Nine (9) Episcopal representatives (one winner from each Episcopal District) will be eligible to participate in the Council’s competition. These finalists will appear at the Quadrennial Assembly in June 2023 for the competition.
8. Following the screening process by the Education Committee, the finalists will engage in spontaneous speaking in response to questions by the judges.
9. Non-partisan judges will render a decision. The six (6) highest rated applicants will be awarded $4,000 per year. The other three (3) applicants will receive $1,000 per year. The decision of the judges shall be final.
10. The scholarships will be pro-rated and disbursed to the college/university with the recipients receiving one half of the scholarship each semester or in three equal amounts on a quarter system providing the criteria in item 12 has been met.
11. Recipients of the Helena B. Cobb Four Year Scholarship must send a written progress report with a picture and authorize the Registrar’s Office to send an official copy of his/her transcript signed by an authorized official to the Council’s Vice President by January 15th and June 15th of each year. Failure to do so will result in the scholarship not being issued for the next semester/quarter.
12. Recipients of the Helena B. Cobb Higher Education Scholarship must take a minimum of 12-15 hours each semester or 8-10 hours on a quarter system and maintain a continuous full-time enrollment earning 24 hours (semester/quarter) or more with at least a 2.5 cumulative GPA each academic year. Failure to do so will result in the scholarship not being issued for the next semester/quarter.

WOMEN’S MISSIONARY COUNCIL

The Christian Methodist Episcopal Church

**Helena B. Cobb Higher Education (Four Year) Scholarship**

Checklist

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| 1. Applicant will be a graduating High School Senior in May or June 2023 | | | | Yes  No |
| 1. Applicant has applied and fully completed the Application for the Helena B. Cobb Higher Education Four Year Scholarship | | | | Yes  No |
| 1. Applicant has composed and written an essay entitled: “*My Goals and Objectives for the Next Four Years*.”  |  | | --- | | * Length of essay 500 – 1,000 words typed and double spaced | | * Contains information about financial needs | | * Contains information about church membership and participation | | | | | Yes  No  Yes  No  Yes  No |
| 1. The following supporting information has been forwarded to the Office of the Council Vice President:  |  | | --- | | * Application | | * High School Transcript with GPA and ACT or SAT Scores | | * Letters of Recommendations from the Pastor, Local and Region Presidents and Local and Region Vice Presidents | | * Letters of Recommendations from two persons not related to the applicant | | | | | Yes  No  Yes  No  Yes  No  Yes  No |
| 1. The Applicant has been accepted by a college or university; If Yes:  |  |  | | --- | --- | | Name of College/University |  | | Street Address |  | | City, State, Zip Code |  | | Phone Number |  | | | | | Yes  No |
| 1. The Competition Levels and attached Criteria and Guidelines:  |  |  | | --- | --- | | **Year of Competition** | **Level** | | 2020 | Local | | 2021 | District | | 2022 | Annual | | 2023 | Episcopal and Council | | | | | Yes  No  Yes  No  Yes  No  Yes  No |
| **Helena B. Cobb Higher Education (Four Year) Scholarship**  Checklist (continued) | | | | |
| 1. Criteria for Judges on all levels:  * Applicants should be judged by numbers instead of names * Judges at each level should be impartial educators, educational counselors, and church or community leaders * Essays shall be forwarded to judges who will review and score them by the provided score sheet | | | | Yes  No |
| 1. The competition process was the responsibility of the President and Vice President in collaboration with the Pastor, Presiding Elder and Bishop (*This includes site selection within the Episcopal District and dates for projected completion*) | | | | Yes  No |
| 1. Observance of the deadline dates, reports and other information have been forwarded to the Office of the Council Vice President | | | | Yes  No |
| 1. Applicant and applicant’s family have been informed about the amount of scholarship payable to the college/university per semester each year | | | | Yes  No |
| 1. If selected, Applicant has been informed that if he/she is selected as a recipient, a minimum of 12-15 hours must be taken each semester and maintain a continuous full-time enrollment earning 24 hours or more with at least a 2.5 cumulative GPA each academic year and that failure to do so may result in the scholarship not being issued the next semester | | | | Yes  No |
| 1. The Applicant has been informed that if selected as a recipient, he/she must send a written progress report to the Council Vice President each semester and authorize the Registrar’s Office to send an official copy of his/her transcript to the Council Vice President by January 15th and June 15th of each year and failure to do so may result in the scholarship not being awarded for the next semester | | | | Yes  No |
| Signed: |  |  |  | |
|  | Region President |  | Date | |
|  | | | | |
|  | Region Vice President |  | Date | |
|  |  |  |  | |
| All Items should be checked “Yes” before returning this checklist to the Council Vice President | | | | |
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| **Please Return this Checklist to:**  Calandra Foster Hunter  Tootsie5@bellsouth.net | | | | |
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WOMEN’S MISSIONARY COUNCIL

The Christian Methodist Episcopal Church

**Helena B. Cobb Higher Education (Four Year) Scholarship**

Application

Date:

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| Last Name | | | | | | | | | | | | | | | | | |  | | First Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Middle | | | | | | | |
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| Street Address | | | | | | | | | | | | | | | | | |  | | City | | | | | | | | | | | | | | | | | | | | | | | |  | | | State | | | | | | |  | | | | Zip Code | |
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| Name of Nearest Relative – Indicate Relationship | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Parent’s Annual Income | | | | | | | | | | | | | | | | | | | | | | |
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| Best Contact # |  | | | | | | | | | | | |  | | | Age | | | | | | |  | | | | | | |  | | | Date of Birth | | | | | | | | | | | | | | |  |  | | | | | | | | | | |
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| Scholastic Training – Please list High School | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Date of Graduation | | | | | | | | | | | | | | | | | |
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| Have you taken the SAT or any Pre-entrance examinations? If yes, please list results | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SAT or ACT Score | | |  | | | | | | | | | | |  | | | | | | | | | | | | Other Test Scores | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| College/University Enrolled | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Address | | | | | | | | | | | | | | |  | | | | | | City | | | | | | | | | |  | | | | State | | | | | | | | | | |  | | Zip Code | | | | | | | | | | | |
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| Date of Enrollment (List year/month and semester or quarter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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| Anticipated Annual Cost | | | | | |  | | | | | | | | | | | | | | | | | |  | | | Amount of Other Financial Aid/Grant | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| Area of Specialization | | | | | | Major | | | | | |  | | | | | | | | | | | | | | | |  | Minor | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| Anticipated Date of Graduation | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| Name of Local Church | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Address | | | | | | | | | | | | | |  | | | City | | | | | | | | | | | | | | | | | | | | |  | | | | | State | | | | | | | | | | | |  | | | | Zip Code |
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| Name of Pastor | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Local Missionary President | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Local Vice President | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Activities in Local Church | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Region Missionary President | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Region Vice President | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |