

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 September, 2019.
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 (a total of five letters).
5. There should be attached to the application, a letter of recommendations from two (2) different persons who are not related to the applicant recommending the applicant for the grant.
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, 2019 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 grants 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 her/his 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

P. ANN PEGUES SAVE OUR SONS (FOUR YEAR) SCHOLARSHIP

CRITERIA AND GUIDELINES

1. The applicant must be an active male member of the Christian Methodist Episcopal Church for at least seven years. **APPLICANT APPLYING FOR THIS SCHOLARSHIP CANNOT APPLY FOR THE HELENA B. COBB FOUR YEAR HIGHER EDUCATION SCHOLARSHIP.**
2. The applicant must be a high school graduate preparing to enter a CME college and/or a Historically Black College/University in September, 2019.
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, a Local Male Officer, Local and Region Presidents and Local and Region Vice Presidents must be attached to the letter (a total of six letters).
5. There should be attached to the application, a letter of recommendations from two (2) different persons who are not related to the applicant recommending the applicant for the grant.
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, 2019 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 \$2,000 per year. The other three (3) applicants will receive \$1,000 per year. The decision of the judges shall be final.
10. The grants 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 Save Our Sons 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 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 SAVE OUR SONS 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.

HELENA B. COBB HIGHER EDUCATION (FOUR YEAR) SCHOLARSHIP
CHECKLIST

(Please check (✓) when completed)
(To be used by the Region Presidents/Vice Presidents)

1. Applicant will be a graduating high school senior in May/June, 2019. YES___NO___
2. Applicant has applied and fully completed the Application Form for the Helena B. Cobb Higher Education Four Year Scholarship. YES___NO___
3. Applicant has composed and written an essay entitled:
 "My Goals and Objectives for the Next Four Years." YES___NO___
 - Length of Essay 500-1,000 words typed and double spaced YES___NO___
 - Contains information about financial needs YES___NO___
 - Contains information about church membership and participation YES___NO___
4. Has the following supporting information been forwarded?
 - A High School Transcript with GPA & ACT or SAT Scores YES___NO___
 - Application Form YES___NO___
 - Letters of Recommendations from the Pastor, Local and Region Presidents and Local and Region Vice Presidents YES___NO___
 - Letters of Recommendations from two persons NOT related to the applicant YES___NO___
5. Has this information been forwarded to the Office of the Council's Vice President? YES___NO___
6. Has the applicant been accepted by a college or university? YES___NO___

Name of College/University _____

Phone Number _____

Street Address _____

City _____ State _____ Zip _____

For which year and which term? _____ Year/Fall _____ Year/Spring

7. Please note the Competition Levels and attached Criteria and Guidelines:

<u>Year of Competition</u>	<u>Level</u>	
2016	Local	YES___NO___
2017	District	YES___NO___
2018	Annual	YES___NO___
2019	Episcopal and Council	YES___NO___

8. Criteria for judging 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 will be forwarded to judges who will review and score them by the provided score sheet.

9. Has the run-off process been the responsibility of the President, Vice President in conference with the Pastor, Presiding Elder and Bishop? (*This includes site selection within the Episcopal District and dates for projected completion.*) YES___NO___

10. Have you carefully observed deadline dates, reports and other information that must be forwarded to the office of Council's Vice President? YES___NO___

11. Have you informed the applicant and her/his family about the amount of scholarship payable to the College/University per semester each year? YES___NO___

12. Have you informed the applicant that if she/he is selected as one of the recipients, that she/he must take a minimum of 12-15 hours 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 will result in the scholarship not being issued the next semester? YES___NO___

13. Have you informed the applicant that if selected as a recipient that he/she must send a written progress report to the Council's Vice President each semester and authorize the Registrar's Office to send an official copy of his/her transcript to the Council's Vice President by January 15th and June 15th of each year and failure to do so will result in the scholarship not being awarded for the next semester? YES___NO___

Signed_____

Region President	Date
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Region Vice President	Date
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Note: All items should be checked YES before returning this checklist to me.

Please return the completed checklist to:

**Ms. Jacqueline I. Scott, Vice President
Women's Missionary Council
7255 Richmond Road
Memphis, TN 38125**

Helena B. Cobb Higher Education (Four Year) Scholarship

Women's Missionary Council Christian Methodist Episcopal Church

RETURN TO: **Ms. Jacqueline I. Scott, Chairperson: Commission on Education**
7255 Richmond Road
Memphis, TN 38125

DATE _____

PERSONAL DATA *(Print or Type)*

LAST FIRST MIDDLE SS#

STREET CITY STATE ZIP CODE

NAME OF NEAREST RELATIVE-INDICATE RELATIONSHIP PARENTS' ANNUAL INCOME

PHONE () AGE DATE OF BIRTH

SCHOLASTIC TRAINING – *Please list high school*

NAME SCHOOL DATE OF GRADUATION

HAVE YOU TAKEN S.A.T OR ANY PRE-ENTRANCE EXAMINATIONS? IF YES, PLEASE LIST RESULTS.

S.A.T. SCORE/OR A.C.T. SCORE OTHER TEST SCORES

COLLEGE OR UNIVERSITY ENROLLED

ADDRESS CITY STATE ZIP CODE

DATE OF ENROLLMENT (Please list year/month and semester or quarter)

ANTICIPATED ANNUAL COST \$ AMOUNT OF OTHER FINANCIAL AID/GRANT \$

AREA OF SPECIALIZATION Major Minor

ANTICIPATED DATE OF GRADUATION

NAME OF LOCAL CHURCH ADDRESS CITY STATE ZIP CODE

NAME OF PASTOR LOCAL MISSIONARY PRESIDENT

LOCAL VICE PRESIDENT

ACTIVITIES IN LOCAL CHURCH

REGION MISSIONARY PRESIDENT REGION VICE PRESIDENT

**ON THE REVERSE SIDE OF THIS PAGE, PLEASE LIST TWO PERSONS WITH MAILING ADDRESS AND PHONE NUMBER,
OTHER THAN IMMEDIATE FAMILY AS RECOMMENDATIONS.**

P. ANN PEGUES SAVE OUR SONS HIGHER EDUCATION

(FOUR YEAR) SCHOLARSHIP
Women's Missionary Council
Christian Methodist Episcopal Church

RETURN TO: **Ms. Jacqueline I. Scott, Chairperson: Commission on Education**
7255 Richmond Road
Memphis, TN 38125

DATE _____

PERSONAL DATA *(Print or Type)*

LAST FIRST MIDDLE SS#

STREET CITY STATE ZIP CODE

NAME OF NEAREST RELATIVE-INDICATE RELATIONSHIP # OF SIBLINGS IN HOME PARENTS' ANNUAL INCOME

PHONE (_____) AGE DATE OF BIRTH

SCHOLASTIC TRAINING – *Please list high school*

NAME SCHOOL DATE OF GRADUATION

HAVE YOU TAKEN S.A.T OR ANY PRE-ENTRANCE EXAMINATIONS? IF YES, PLEASE LIST RESULTS

S.A.T. SCORE/OR A.C.T. SCORE _____ OTHER TEST SCORES _____

COLLEGE OR UNIVERSITY ENROLLED _____

ADDRESS CITY STATE ZIP CODE

DATE OF ENROLLMENT (Please list year/month and semester or quarter) _____

ANTICIPATED ANNUAL COST \$ _____ AMOUNT OF OTHER FINANCIAL AID/GRANT \$ _____

AREA OF SPECIALIZATION Major _____ Minor _____

ANTICIPATED DATE OF GRADUATION _____

NAME OF LOCAL CHURCH ADDRESS CITY STATE ZIP CODE

NAME OF PASTOR _____ LOCAL MISSIONARY PRESIDENT _____

LOCAL VICE PRESIDENT _____ LOCAL STEWARD/TRUSTEE _____

ACTIVITIES IN LOCAL CHURCH _____

REGION MISSIONARY PRESIDENT _____ REGION VICE PRESIDENT _____

Application Form

Helena B. Cobb Annual Scholarship Grant

Women's Missionary Council
Christian Methodist Episcopal Church

Mrs. Princess A. Pegues, President

Bishop James B. Walker - Patron Bishop

Return to: Ms. Jacqueline I. Scott, Vice President
7255 Richmond Road
Memphis, TN 38125

Please Print or Type

DATE _____

_____ First Time Applying _____ Receiving & Reapplying _____ Reapplying, not Receiving

Episcopal District _____ Region _____ Presiding Bishop _____

NAME _____ SS# _____ or College ID# _____
Last First Middle

ADDRESS _____ ZIP _____
Street City State

TELEPHONE NUMBER _____ DATE OF BIRTH _____

LOCAL CHURCH _____ ADDRESS _____

LOCAL CHURCH PASTOR _____ PHONE # _____

LOCAL MISSIONARY PRESIDENT _____ PHONE # _____

ADDRESS _____

SIGNATURE OF LOCAL MISSIONARY VICE PRESIDENT _____ PHONE # _____

ADDRESS _____

SIGNATURE OF REGION PRESIDENT _____ PHONE # _____

ADDRESS _____

SIGNATURE OF REGION VICE PRESIDENT _____ PHONE # _____

ADDRESS _____

CME COLLEGE ATTENDING: _____ Lane College _____ Miles College _____ Paine College _____ Texas College

OTHER COLLEGE/UNIVERSITY _____

*OFFICIAL ADDRESS OF COLLEGE/UNIVERSITY _____

DEGREE SOUGHT _____ CLASSIFICATION _____ MAJOR _____

DATE OF COLLEGE GRADUATION _____

ANTICIPATED ANNUAL COST \$ _____ AMOUNT OF OTHER FINANCIAL AID/GRANTS \$ _____

AMOUNT REQUESTED FROM HELENA B. COBB SCHOLARSHIP \$ _____ Referred By _____

***Application will NOT be processed if the address is incomplete!**

The Women's Missionary Council of the Christian Methodist Episcopal Church has limited amount of funds; however, the above information is necessary so that the Education Committee can process your application. The Committee meets once a year and the Grants are sent to the College/University in September following receipt of the application. Aid is granted on a yearly basis for four (4) consecutive years; however, applicant must apply or reapply each year. Preference may be given to those attending a CME College/University.

DEADLINE TO SUBMIT IS DECEMBER 31ST

Rev. Form HBC,11

P. ANN PEGUES SAVE OUR SONS HIGHER EDUCATION (FOUR YEAR)

SCHOLARSHIP CHECKLIST

(Please check (✓) when completed)

(To be used by the Region Presidents/Vice Presidents)

1. Applicant will be a graduating high school senior in May/June, 2019. YES___NO___

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3. Applicant has composed and written an essay entitled:
"My Goals and Objectives for the Next Four Years." YES___NO___

• Length of Essay 500-1,000 words typed and double spaced YES___NO___

• Contains information about financial needs YES___NO___

• Contains information about church membership and participation YES___NO___

4. Has the following supporting information been forwarded?

• A High School Transcript with GPA & ACT or SAT Scores YES___NO___

• Application Form YES___NO___

• Letters of Recommendations from the Pastor, Local and Region Presidents and Local and Region Vice Presidents YES___NO___

• Letters of Recommendations from two persons NOT related to the applicant YES___NO___

5. Has this information been forwarded to the Office of the Council's Vice President? YES___NO___

6. Has the applicant been accepted by a college or university? YES___NO___

Name of College/University _____

Phone Number _____

Street Address _____

City _____ State _____ Zip _____

For which year and which term? _____ Year/Fall _____ Year/Spring

7. Please note the Competition Levels and attached Criteria and Guidelines:

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Signed_____

Region President	Date
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Region Vice President	Date
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Note: All items should be checked YES before returning this checklist to me.

Please return the completed checklist to:

**Ms. Jacqueline I. Scott, Vice President
Women's Missionary Council
7255 Richmond Road
Memphis, TN 38125**