



## *Instructions to Scholarship Applicants*

**CHANGE IN DEADLINE FILING DATE: AUGUST 1ST**

**All scholarship applications must be received via MAIL by August 1<sup>st</sup>. Please mail original and 2 copies to:**

Ms. Sylvia Law, Chair  
COGIC Charities Scholarship Committee  
10729 Mid Summer Lane  
Columbia, MD 21044

Scholarships are open to all high school graduates that will be **attending a college/university full-time** in the fall as well as those already enrolled and attending full-time in an accredited college/university pursuing an undergraduate degree. **Graduate and/or doctoral degree student must be taking a minimum of 9 credit hours.**

Applicants may apply each year if a minimum **2.5 GPA is maintained.**

Recipients will be notified in October.

Scholarship checks will be made payable to the college/university and will be mailed to the college/university once the grades for the fall semester are received. Copies of all scholarship communiqué will be sent to the applicant. No checks will be sent to the recipient.

Should the recipient fails to enroll or drop below full time status or withdraw from the college/university during the period covering the award, the recipient and/or institution must return all funds associated with the award.

**Applicant who does not comply with all of the above stipulations will forfeit this scholarship award**

Scholarship Awards will be made in November of each year at the annual COGIC Charities banquet. The banquet is held in Memphis Tennessee during the Church of God In Christ Holy Convocation. (See the COGIC.org website for date of the banquet). The ticket cost for the banquet is \$200.00. Scholarship recipients are encouraged to attend the COGIC Charities Scholarship banquet or have a representative in attendance to accept the award. You do not have to attend the banquet to receive an award.

Review and evaluation of all applications will be done by The COGIC Charities Scholarship Review Committee.

Applicants are selected based on exemplary traits including leadership, community involvement, academic excellence and responses to the essay questions. The information provided on the scholarship application including essays and letters of recommendation will be used in determination of the scholarship awards.

Verification of financial information and request for official transcripts will be made if applicant is selected. If selected, High school students must submit an official; sealed transcript and College students must have the college/university send the transcript to Ms. Sylvia Law, Chair COGIC Charities Scholarship Committee at the above address.

Any question should be emailed to [sylvialaw@cogiccharities.org](mailto:sylvialaw@cogiccharities.org)



**COGIC CHARITIES, INC.**  
**P.O. Box 38 - MEMPHIS. TN 38101**

**Scholarship Application**

COGIC Charities, Inc., offers scholarships to individuals enrolled full time in a college or university by September for assistance with the cost of tuition, college fees, books and student housing. Applicants will be evaluated based on the information provided on this application. Scholarships are awarded at the annual COGIC Charities Banquet in November and disbursed by January of the next year. Applications must be submitted to the COGIC Charities scholarship coordinator by **August 1<sup>st</sup>**.

I, \_\_\_\_\_ have read and understand the conditions of the COGIC Charities Scholarship as explained in the instructions to **Candidates for Scholarships**. I affirm that I plan to attend or am currently attending a college/university. I give permission to officials of my institution to release transcripts of my academic record and other information requested for consideration in the COGIC Charities Scholarship program. I understand that this application will be available only to qualified people who need to see it in the course of their duties. I waive the right to access letters of recommendation written on my behalf. I affirm that the completed application, including the essays, is my own work. I affirm the information contained herein is true and accurate to the best of my knowledge and belief.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Legal name in full (Print/Type) \_\_\_\_\_  
Last Name First Name M.I.

Permanent residence \_\_\_\_\_  
Number, Street, and Apartment Number

City State ZIP

Your address at school (if different) \_\_\_\_\_  
Number, Street, and Apartment Number

City (if studying abroad, add country) State ZIP

Name of your ( if applicable): Home telephone ( ) \_\_\_\_\_

Local Church \_\_\_\_\_ School/Cell telephone ( ) \_\_\_\_\_

Pastor: \_\_\_\_\_

Jurisdiction and Bishop: \_\_\_\_\_ E-mail address \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Name of College/University attending \_\_\_\_\_ Month/Day/Year \_\_\_\_\_

Current cumulative GPA- \_\_\_\_\_  
(High School or College)

Classification: Freshman Sophomore Junior Senior Graduate/Doctoral Student  
(circle one)

Number of college credits earned to date \_\_\_\_\_ Total number of credits required for graduation \_\_\_\_\_

Current Major \_\_\_\_\_ Concentration(s) \_\_\_\_\_

Name \_\_\_\_\_

If more space is needed to respond to the following questions, insert additional pages. Pages must be clearly identified with name and response number.

1. List the secondary school from which you graduated and all higher education institutions attended. Include summer, study-abroad, exchange programs.

School	Location	Dates Attended

2. List college and high school activities (student government, sports, publications, school-sponsored community service programs, student-faculty committees, arts, music, etc.). List in descending order of significance. You will have space for eight college and four high school activities.

College Activity	Dates	Offices

High School Activity	Dates	Offices

3. List public service and community activities including church activities (homeless services, environmental protection, etc.). Do not repeat items listed previously. List in descending order of significance. You will have space to list six.

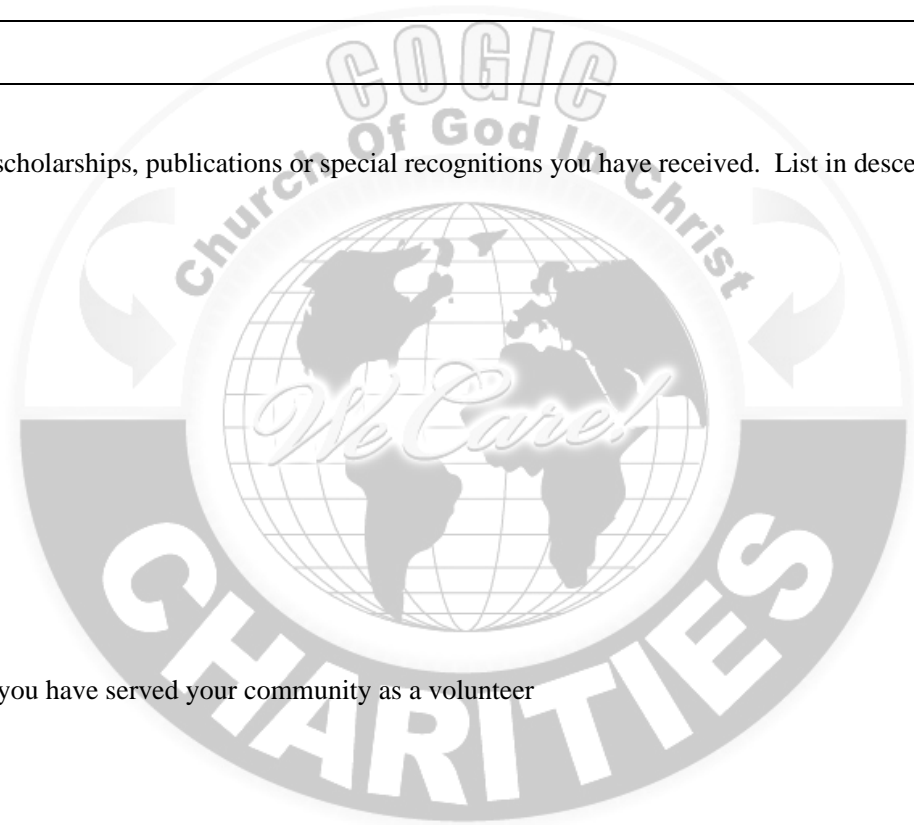
Activity	Role	Dates	# of Weeks Active

Name: \_\_\_\_\_

4. List part-time and full-time jobs.

Type of Work	Employer	Dates	Average # of Hours/Week

5. List awards, scholarships, publications or special recognitions you have received. List in descending order of significance.



6. Describe how you have served your community as a volunteer

Name \_\_\_\_\_

**7. Write an essay (500 words or more) In light of the economic downturn, the religious mindset of our nation, and the many un-churched individuals in the communities where many Church of God in Christ churches are located, discuss how a local church can implement the Church of God in Christ's Urban Initiatives that address 5 core areas: Education, Economic Development, Crime, Family and Financial Literacy? (Attach additional pages)**

**8. Write an essay (500 words or more) 2 Corinthians 10:3-5<sup>3</sup>For though we walk in the flesh, we do not war after the flesh: <sup>4</sup>(For the weapons of our warfare are not carnal, but mighty through God to the pulling down of strong holds ;) <sup>5</sup>Casting down imaginations and every high thing that exalteth itself against the knowledge of God, and bringing into captivity every thought to the obedience of Christ;**

Strong holds can be defined as

- Inner influences that distort our mental capacities and/or abilities to process truth;
- The inner power that alters or warps our thinking as it relates to those things that are right.

Strong holds consist of mentally embraced images, reasoning, arguments, thoughts; even theories that contradict or oppose God's Word. In other words, they can and often prove to be distractions to the fulfillment of one's destiny.

**Question:** Please identify some of the strong holds that have negatively affected and impacted youth culture and the African American community at large, and what are some things that you can suggest to reverse and/or eradicate the influence. (Attach additional pages)

Name \_\_\_\_\_

10. State your career or academic plans/goals upon completing your studies?

11. What other personal information do you wish to share with the COGIC Charities Scholarship Committee?

12. What scholarships, financial aid or other resources will you be receiving or have applied for and in what amount?

13. What is the total semester cost for:

Tuition and fees: \$ \_\_\_\_\_ Books (estimate):\$ \_\_\_\_\_ Housing: \$ \_\_\_\_\_

Other(specify): \$ \_\_\_\_\_ Total Need: \$ \_\_\_\_\_

14. Letters of recommendation are enclosed from: \_\_\_\_\_  
Please include letters from your pastor, counselor, instructor, or other individuals that are not related to you.  
(2 or more letters should be included)



*Recommendation Form*

*Applicant Name:* \_\_\_\_\_

*Name of person making recommendation:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*City, State, Zip code:* \_\_\_\_\_ *Telephone number:* \_\_\_\_\_

*How long have you known the applicant:* \_\_\_\_\_ *in what capacity* \_\_\_\_\_

*From your observations and knowledge, please rate the applicant by circling the appropriate number.*

	<i>Outstanding</i>	<i>Excellent</i>	<i>Fair</i>	<i>Poor</i>	<i>Not Recommended</i>
Character	5	4	3	2	1
Leadership/ Organizational Abilities	5	4	3	2	1
Dependability	5	4	3	2	1
Maturity level	5	4	3	2	1
Academic Success (Potential to complete studies)	5	4	3	2	1

Kindly provide a brief statement summarizing your letter of recommendation concerning this applicant. Please attach your letter to this form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Please send this form to:  
Ms. Sylvia Law 10729 Mid Summer Lane Columbia, MD 21044-2415**