

HENRY WILLIAMS SCHOLARSHIP FUND

P. O. BOX 740938
San Diego, CA 92174-0938

QUALIFICATIONS FOR SCHOLARSHIP

1. Applicant must be a graduating senior in his/her last semester of high school, planning to attend a college or vocational program to earn an Associate Degree or Bachelor's Degree. New applicants already attending college will not be eligible.. Scholarships will not be awarded for work beyond the Bachelor's Degree.
2. Applicant must be a resident of San Diego County.
3. Applicant must indicate a "need" for financial assistance. Failure to complete income information will disqualify applicant
4. Applicant must have at least a 2.50 grade point average. Applicant should be an active member of a church.
5. High school students must submit three (3) letters of recommendation including one from applicant's pastor or a business person. College students must submit one (1) letter of recommendation from college instructor or official.
6. Applicant must sign a statement of intent to attend the scholarship presentation at Bethel Memorial A.M.E. Church or the selected location on the Sunday in June designated by the committee. Attendance is **MANDATORY**.
7. An official school transcript must be included with the application or the school seal/stamp affixed in the school verification portion of application.
8. **YOU MUST RESPOND TO ALL QUESTIONS. APPLICATIONS WITH ANY MISSING INFORMATION WILL BE REJECTED.**

APPLICATION DEADLINE

1. Applications are due on April 30, 2017 including all recommendations and transcripts at P.O. Box 740938, San Diego, CA 92174-0938 **NO LATER THAN 5:00 P.M. NO APPLICATIONS ARE TO BE SENT TO THE CHURCH OFFICE.**
2. Postmarks will not be accepted. There will be no exceptions.

ADDITIONAL COMMENTS

1. Scholarships of \$1,000 will be awarded to students attending four year institutions carrying a minimum of 15 units. Scholarships of \$500 will be available to students attending two year or vocational/technical institutions carrying a minimum of 8 units.
2. Recipients will be notified by mail or telephone.
3. Funds will be made available to recipients upon receipt of proof of registration in the college or university to be attended. No funds will be sent before September 1st.
4. Scholarships will be awarded annually and continuing students may reapply.
5. **All scholarships must be redeemed no later than December 31, 2017, otherwise scholarship will be voided.**

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Filing deadline is April 30, 2017

PLEASE TYPE OR PRINT LEGIBLY

I. BACKGROUND INFORMATION

Last Name: _____ First: _____ M. I.: _____
Birth Date: _____ Race: _____ Sex: _____ Age: _____ Marital Status _____
Address: _____ Telephone: _____
Father's Name: _____ Address: _____
Mother's Name: _____ Address: _____
Grandparent's Name: _____
List Siblings and ages: _____
Total number of Family members being supported in this household: _____

II. FINANCIAL INFORMATION

1. Father's Occupation: _____ How Long: _____ Monthly Income: _____
2. Mother's Occupation: _____ How Long: _____ Monthly Income: _____
3. Are you working: _____ If yes, How Long: _____ Monthly Income: _____

III. SCHOLASTIC GOALS

1. What are your academic goals? _____

2. What are your main interests? _____

3. List any special skills you possess. _____

4. Have you applied to a college? Yes ___ No ___ If so, were you accepted? _____
5. College you will attend. _____
Address _____
6. When will you enter College? _____ Your classification next Fall: _____

7. Estimate your Educational Expenses for the academic year:

Tuition and Fees _____
Room and Board _____
Books and Supplies _____
Personal Expenses _____
Transportation _____
Other (specify) _____
Less Educational Assistance _____
TOTAL EXPENSES _____

8. Will you be employed during the school year? Yes _____ No _____

IV. SCHOOL VERIFICATION: (To be completed by Counselor or Registrar.)

I certify that _____ has a grade point average of _____

and is a student in good standing. (please affix school seal or stamp.)

REMARKS (optional) _____

School Name: _____ Signature: _____

Date: _____ Title: _____

V. GENERAL INFORMATION

1. List of school activities and awards:

2. State the need for this scholarship:

3. Do you or a member of your family belong to Bethel AME Church? Yes _____ No _____

If yes, give the name of the member and relationship to you.
