

Elizabeth B. Crews Scholarship Application for University/College and Vocational Students

Oak Grove A.M.E. Church
19801 Cherrylawn
Detroit, MI 48221
(313) 341-8877

**NEW: A completed application packet must be submitted to the church office at
www.oakgroveame.org
by midnight, Friday, July 12, 2019**

I. CRITERIA

- Applicant must be an active member of Oak Grove A.M.E. Church for at least 1 year.
- Applicant must be a High School or GED graduate or returning college student.
- Applicant must furnish proof of enrollment or acceptance to a University/College or Vocational School.
- Applicant applying for a University/College must be between 17-22 years of age.
- Applicant applying for a Vocational must be between 17-25 years of age.

II. REQUIRED SUBMISSION ITEMS (Please check one of the boxes)

First Time Applicant

1. The completed application
2. Sealed Official Final Transcript
 - a) High School graduating senior must submit an **Official Final Transcript**
 - b) All other applicants must submit an **Official Most Recent Transcript**
3. A photo (headshot only)
4. Three letters of recommendation - (one from church ministry, one from school representative and one from a community person.)
- * 5. A 1000-word essay

Renewal (Updates)

1. The completed application
2. Most recent sealed Official Transcript
3. A photo (headshot only)
- * 4. A 1000-word Essay

***Must be typed, double-spaced, Times New Roman, font 12 and proofread.**

III. APPLICANT’S INFORMATION

Name (Last/First/Middle) _____ *Birthday (m/d/y)* _____ *Gender*

Home Street Address/Apt. # _____ *City* _____ *State* _____ *Zip Code*

Telephone Number (home/cell) _____ *Email Address*

University/College or Vocational school attending? _____

Classification: (check one) __ **Freshman** __ **Sophomore** __ **Junior** __ **Senior** __ _____
Other

What is your Major? _____

IV. FAMILY DATA (REQUIRED INFORMATION)

Name of person(s) you reside with and their relationship to you:

Name (Last/First) _____ *Relationship*

Home Address _____ *City* _____ *State* _____ *Zip Code*

Telephone Number (home/cell) _____ *Email Address*

Is your parent(s) an active member of Oak Grove A.M.E.? **Yes** **No**

Are you living in a single parent home? **Yes** **No**

Are you an active member of Oak Grove A.M.E.? **Yes** **No**

When did you join? _____

Are there any siblings living in the household who are currently full time students enrolled in a college/ university or vocational school? __ No __ Yes **If yes, provide sibling’s name and list school attending:**

Sibling’s name / age / school attending

V. STUDENT'S ANNUAL FINANCIAL INFORMATION

The following information should be an estimation of cost and expenses, and will help you to qualify as a recipient for the Elizabeth B. Crews Scholarship. These estimations should encompass ONE school year. Please be as accurate as possible.

Tuition & Fees	\$ _____	Books	\$ _____
Transportation	\$ _____	Room/Board	\$ _____
Other	\$ _____		

Source of income	Family Contribution	\$ _____
	Student Contribution	\$ _____
	Other Income	\$ _____

VI. APPLICANT'S EDUCATIONAL BACKGROUND /CHURCH AND COMMUNITY

ACTIVITIES (*First time applicants only*)

Name of High School: _____

Graduation month and year: _____

1. What Ministry/Organization are you involved in at Oak Grove A.M.E.?

Name of Ministry / Organization

1. _____
2. _____
3. _____
4. _____

2. What Community Services have you performed?

1. _____
2. _____
3. _____
4. _____

3. While at home during breaks what services will you perform at Oak Grove A.M.E. or in the community?

1. _____
2. _____
3. _____
4. _____

VII. I agree that if awarded this scholarship it will be used for educational purposes only.

Signature of Applicant

Date

(Typing your name and birth date on the above line constitutes your electronic signature)

**Photo (Head Shot Only)
Must Be Submitted Annually**