



## 2019 C.A. Johnson and Rosa Jarvis Scholarship Application

Mrs. Lillie Tanks Martin NYSAMWMW, State President

Dear Applicant,

On behalf of the New York State Association of Ministers' Wives and Ministers' Widows, INC Interdenominational (NYSAMWMW) organization we would like to thank you for your interest in this scholarship.

The focus of our organization is walking in the light of God's love while praying, communicating, working and connecting. Therefore, we consider education to be one of our top priorities. We understand that finances can be a hindrance to individuals striving to attain advanced education. Therefore, we are happy to announce that we will award book or tuition assistance scholarships to individuals seeking higher education at accredited colleges, universities, seminaries or bible schools. Our scholarship is for children or grandchildren of ministers of the NYSAMWMW, Inc, a wife or widow of this organization trying to pursue higher education and avenues of learning. The applicant should have outstanding academic achievements, demonstrated financial needs, or extenuating circumstances. Recipient of the NYSAMWMW, Inc. C. A. Johnson and Rosa Jarvis Scholarship must excel academically, be an active member of their church, participate in their community and be of good moral character as evidenced by the individual's letters of recommendation. To be eligible:

1. The individual must be accepted or enrolled in a College, University, Seminary, or Bible School.
2. Complete all required information on the Applicant Personal Information Sheet (APIS) and return it, along with any required documents, to the Scholarship Committee Chairperson **postmarked no later than June 30, 2019**. Scholarship recipients will be notified of the scholarship via **Award Confirmation Letter no later than August 1, 2019**.
3. Please pay close attention to the required items. Failure to provide the proper documents may result in disqualification from consideration even though you may meet all the criteria. An important part of your education is meeting guidelines set forth by various agencies. Our organization has set guidelines for a purpose, and you will learn that failure to meet these guidelines can result in missed opportunities. Therefore, there will be **NO** exceptions to our rules nor will there be any extension of the deadline date.
4. Incomplete applications will be returned to the sender.
5. Previous recipients of this scholarship who meet the current year's requirements are eligible to reapply.
6. If selected to receive a scholarship, it is mandatory that the student be enrolled in school and verification of enrollment will be required. Actual funds will be distributed, to the recipient, upon receipt of a copy of the registration of classes and the stamped bursar receipt from the institution the scholarship awardee is attending.

Thank you for your interest in applying for the C. A. Johnson and Rosa Jarvis Scholarship.

In His Service,

*Rev. Dr. E. Regina Hoist, RN*  
Scholarship Committee Chair

***My people are destroyed for lack of knowledge. (Hosea 4:6)***



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### Scholarship Application Packet Requirements

***Please note: Applicants will not be evaluated based on race, creed, Ethnic origin, gender, or religious preference.***

The following items must be included in your **completed typed** application packet.

1. A copy of your official High School Transcript (For recent high school graduates) in a sealed envelope.
2. A copy of your Letter of Acceptance from the college/university, seminary, Bible school attending.
3. A copy of your official college transcript (applicants who have already completed a semester) in a sealed envelope.
4. Completed Applicant Personal Information Sheet (APIS).
5. Current professional headshot picture of applicant. (Passport size)
6. Letter of recommendation from the NYSAMWMW, Inc wife/widow that is recommending you for the scholarship (150 words). \*\*
7. Letter of recommendation from the NYSAMWMW President for any MWMW applying. \*\*
8. Letter of recommendation from your Pastor/ Youth Minister to verify and acknowledge activities that you are involved in at your church. \*\*
9. Letter of recommendation from a teacher, professor or counselor. \*\*
10. Personal Statement: Write a 300-400 word essay explaining your community activities and your plans for the future, including your goals and ambitions. Include financial need and how receiving this scholarship will assist you in meeting these goals.
  - a. Statement must be typed and double spaced
  - b. 12 font in Times Roman or Tahoma

\*\*Note: All letters of recommendation are to be submitted in separate unbroken sealed envelopes from the person providing it. Sealed letters must be included with your completed application package.

**Please submit completed application packet to:**

Rev. Dr. E. Regina Hoist, RN  
NYSAMWMW, Inc  
Scholarship Committee Chair  
Bethel Baptist Church  
P.O. Box 120452  
St. Albans, NY 11412  
[ereginahoist@gmail.com](mailto:ereginahoist@gmail.com)

Please note: All applications must be **postmarked on or before June 30, 2019.**



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**I. PERSONAL INFORMATION** *(All information must be typed)*

LAST NAME \_\_\_\_\_

FIRST \_\_\_\_\_

(M.I.) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

FACEBOOK/Instagram Accounts (Indicate None if not applicable)

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

**II. Scholastic Achievement Information (Proof of grade must be included)**

High School Name \_\_\_\_\_ Graduation Date \_\_\_\_\_

High School Cumulative GPA \_\_\_\_\_

College, University, Seminary, Bible School Name \_\_\_\_\_

Semester Cumulative GPA \_\_\_\_\_

**III. College/University/Seminary/Bible School Information**

Name of School Attending \_\_\_\_\_

School Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Anticipated/Current Major \_\_\_\_\_

**Note:** Verification letter of acceptance, semester transcript, etc. must be included with this application.  
Application will be returned to the sender if incomplete.

**List and Describe any Extra Curricular Activities (School/Community, etc.)**

Name of Community Organization(s) \_\_\_\_\_



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Hours/Day Served \_\_\_\_\_

Hobbies/Skills:

Describe any offices or activities you hold currently or have been involved in which demonstrate leadership abilities

#### IV. Student Status

Independent  **Yes**  **No**  If yes skip to part VI.

#### V. Parents/Guardians Information

Father's (Guardian) Name \_\_\_\_\_

Occupation \_\_\_\_\_

Mother's (Guardian) Name \_\_\_\_\_

Occupation \_\_\_\_\_

Number of brothers \_\_\_\_\_ Number of sisters \_\_\_\_\_

Are there any extenuating circumstances (i.e. financial, etc.) which might hinder you furthering your education? (Please explain)

#### VI. Church Information

Church Name \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Leading Lady's Name \_\_\_\_\_

Pastor's Signature \_\_\_\_\_

Church Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Church Email \_\_\_\_\_



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Describe your church involvement and activities

### Acknowledgement Page

By signing below, I acknowledge understanding and acceptance of the following:

I/We authorize the NYSAMWMW, Inc. Scholarship Committee to verify any and all information provided on this application as deemed necessary to make a scholarship award determination and acknowledge the following:

1. I believe the information provided will be used to select me as a possible scholarship recipient by the NYSAMWMW, Inc. Scholarship Committee.
2. I agree to abide by the guidelines of the Scholarship Committee and understand that the decision of the committee is final.
3. I certify that ALL information provided within this application is true to the best of my knowledge.
4. I agree to having my essay and picture posted on the NYSAMWMW Website if awarded a scholarship.

All information is confidential and will be used for the sole purpose of making a scholarship recipient selection. This information will not be shared with anyone without the express written consent of the applicant or their parent or legal guardian. All information will be destroyed after the awarding of scholarships.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent (Guardian) Signature \_\_\_\_\_

Date \_\_\_\_\_

(If indicated)