

# CHANGE IN DEADLINE FILING DATE: AUGUST 1, 2015 All scholarship applications must be received via <u>MAIL by</u> August 1st Please mail original and 2 copies to:

Ms. Sylvia Law, Chair COGIC Charities Scholarship Committee 7904 Winterset Avenue Pikesville, MD 21208

Scholarships are open to all high school <u>graduates</u> 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 without exception.** Please be sure your name is on all pages. Recipients will be required to submit final grades for the 2015 fall semester BEFORE checks are released. <u>DEADLINE FOR SUBMISSION OF GRADES IS FEBRUARY 1, 2016</u>

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

Recipients will be notified in late October via email. Please be sure to include your correct email.

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 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. **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 <a href="mailto:slaw@cogic.org">slaw@cogic.org</a>



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

## 2015 COGIC Charities 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. **Applicants DO NOT have to attend the banquet**. Notifications will be emailed to the applicant. Applications must be submitted to the COGIC Charities scholarship coordinator by **August 1, 2015**.

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	ast Name	First Name	M.I.	-
	Number,	Street, and Apartment Number		
$\overline{c}$ Your address at school	Sity		State	ZIP
(if different)	Number,	Street, and Apartment Number		
Name of your ( if applicab		<sup>/)</sup> Home telephone	State ( )	ZIP
Local Church Pastor:		School/Cell telephone	( )	
Jurisdiction and Bishop:		E-mail address		
Name of College/Universit		Date of birth	Month/Day/Year	Age
Current cumulative GPA- (High School or College)				
	n Sophomore Junior Ser	nior Graduate/Doctoral S	tudent	
Number of college credits	earned to date	Total number of credits re	equired for gradua	tion
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.

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

programs, student-facul		nment, sports, publications, scho tc.). List in descending order of si Dates	
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School Activity		Dates	Offices
			·

Activity	Role	Dates	Active

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

Type of Work	Employer	Dates	Average # of Hours/Week
	RUGIR		
<ul> <li>List awards, scholarships significance.</li> </ul>	s, publications or special recognitions you hav	_	ing order of
	mul and a	Christ	
	- Offe, Earles,		
Describe how you have se	rved your community as a volunteer		
	KART I		

Name

(Attach additional pages, 500 words or more for each question)

- 7. With the recent shootings and deaths at the hands of government authorities, in Ferguson, Missouri, Staten Island, New York, Cleveland, Ohio, Tulsa, Oklahoma, North Charleston, South Carolina, and Baltimore, Maryland, how would you, as a Christian leader, respond given the scriptural admonition articulated by the Apostle Paul found at Romans 13:1-7?
  - What position should Christian leaders advocate?
  - Does Romans 13:1-7 require that Christians accept all government agents, including the police, as God's "ministers" for our good?
  - What would you have done differently (or the same) to quail the violent response to those situations?
- 8. There was a time in the Church of God In Christ when the testimony formula was "I am saved, sanctified and filled with the Holy Ghost." The second work of grace identified with this formula, sanctification. Sanctification seems to have less currency in the Christian experience than it had previously. Please discuss sanctification as a work of grace and as a Christian movement and discuss whether it is important to be sanctified, today. Would the World be experiencing less turmoil if the Church of God in Christ returned to stressing the importance of being sanctified?

9. If selected as a COGIC Scholar, briefly describe how you would give of your time and financial resources after graduation to support those in need, a charity and/or COGIC Charities?

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

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



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

12. What is the total se	mester cost for:	
Tuition and fees: \$	Books (estimate):\$	Housing: \$
Other(specify): \$	Total Need: \$	

13. Letters of recommendation are enclosed or will be sent separately 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 mak	king recomm	endation:				
Address:			25			
City, State, Zip code	2:	GUL	6//(	Telep	hone number:	
How long have you	known the a <sub>l</sub>	oplicant: _	in	what	capacity	
From your observation	ons and knowleds	ge, please rate	e the app	licant b	y circling the appropriate n	umber.
	Outstanding	Excellent	Fair	Poor	Not Recommended	
Character	5	4	3	2	1	
Leadership/ Organizational Abilities	5	1/26		2	1	
Dependability	5	4	3	2		
Maturity level	5	4	3	2	1	
Academic Success (Potential to complete stud	5 lies)	4	3	2	1	
Kindly provide a brief state attach your letter to this for		ing your letter	r of recor	nmenda	tion concerning this application	ant. Please
Signature:			Date:			

Please send this form to:

Ms. Sylvia Law 7904 Winterset Avenue Pikesville MD 21208 Note: Must be received by August 31<sup>st</sup>.