



2013 Scholarship Applicants Instructions

CHANGE IN DEADLINE FILING DATE: AUGUST 1, 2013

All scholarship applications must be received via MAIL by 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 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. Please be sure your name is on all pages.**

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 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 slaw@cogic.org



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

2013 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, 2013.**

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 _____

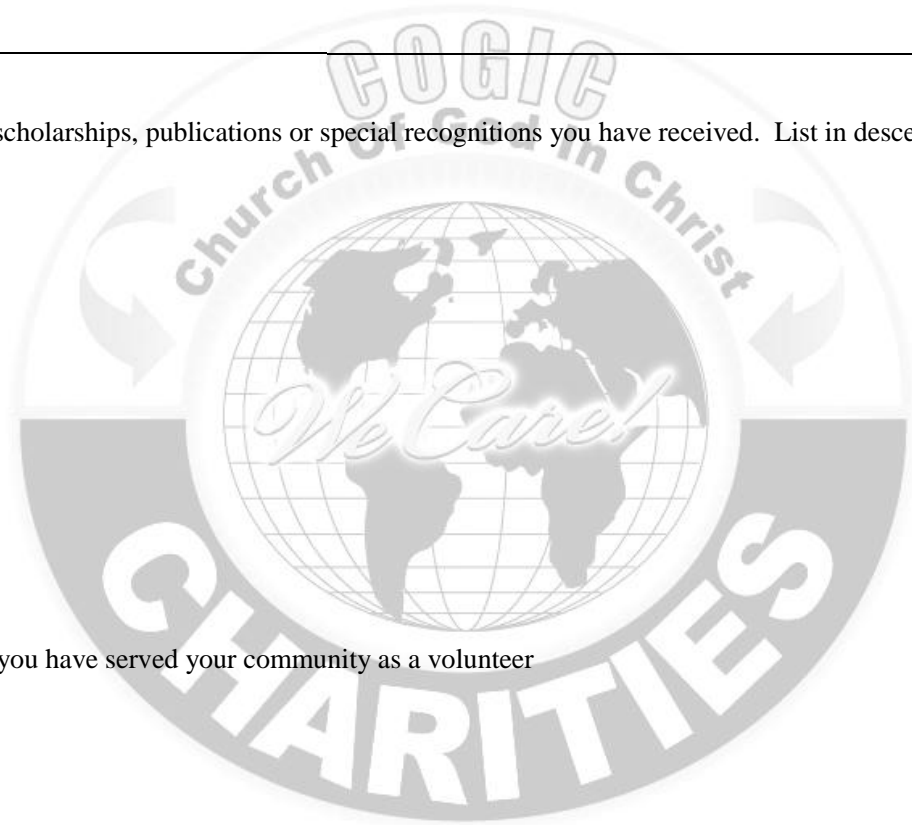
Current Major _____ Concentration(s) _____

Name: _____

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. The President of the United States has made known his support for same-sex marriage. Of course, his position stands in contradiction to the Church of God In Christ's position on this issue as articulated by the General Assembly of the denomination. With this understanding, answer the following question.

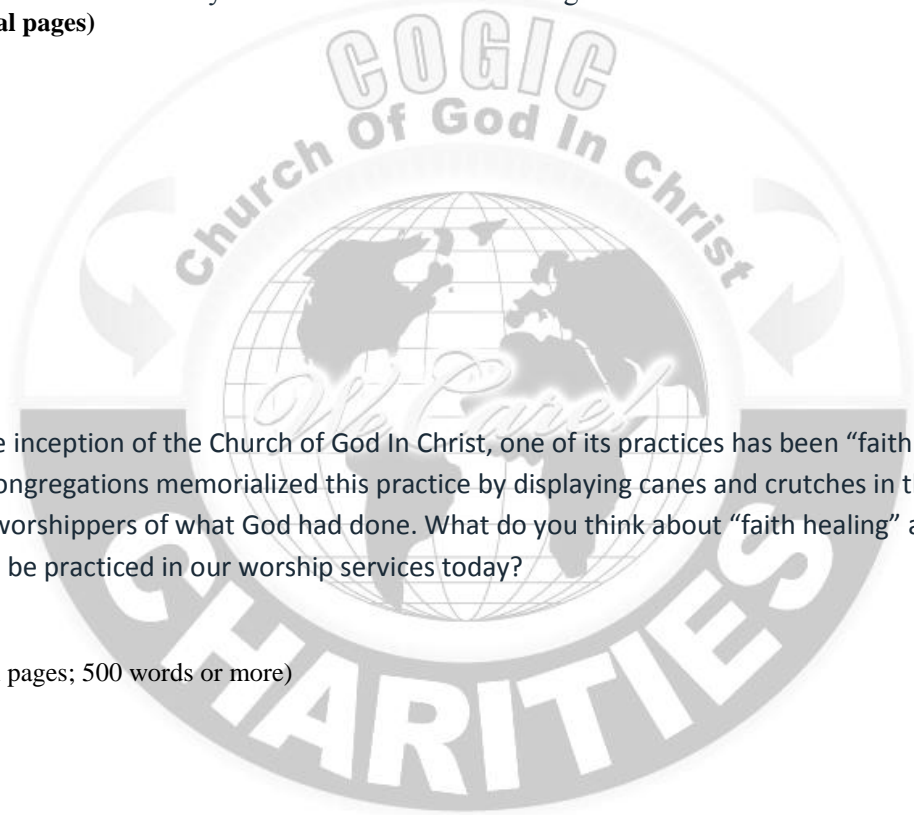
a. How can members of the Church of God In Christ, in good conscious, support the re-election of a President who supports same-sex marriage?

b. To what extent should a Christian become involved in the opposition of legislation that clearly supports a position that is contrary to the church's understanding of the biblical mandate on that legislation?

(Attach additional pages)

8. From the inception of the Church of God In Christ, one of its practices has been "faith healing." Many COGIC congregations memorialized this practice by displaying canes and crutches in their sanctuaries to remind worshippers of what God had done. What do you think about "faith healing" and to what extent should it be practiced in our worship services today?

(Attach additional pages; 500 words or more)



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 7904 Winterset Avenue Pikesville MD 21208**