**College Scholarship**

**Application Instructions**

**Fall 2022 – Spring 2023 Academic Year**

Christian Women Alliance administers a scholarship program to help finance higher education for eligible students: the Annie P. Turner Scholarship Scholarship

**Recipient Selection**

Applications are reviewed by a selection committee in July and all applicants will be notified of the final decision by the end of July. Scholarship recipients are selected on the basis of leadership, participation in school, community activities, academic achievement, and honors, statement of career and educational goals and recommendations. Finalist may be interviewed. The number of scholarships awarded will be based on the recommendation of the College Scholarship Selection Committee and available funds. All applicants will be notified of the final decision on or before July 31.

**Applicant Responsibility**

Students should return the completed application, a current (or most recent) high school transcript and an essay to Christian Women Alliance College Scholarship Selection Committee **on or before June 30, 2022**. Applicants are also responsible for assuring references submit all necessary information by the deadline. The College Scholarship Committee will review all completed application packets.

**All applicants must meet the following initial requirements to be considered for Scholarship:**

Application Requirements:

• High school senior

• Minimum 3.0 GPA

• Plan to enroll in a two-or four-year College or university after high school.

• Candidates with substantial community involvement will be given preference.

**Annie P. Turner Scholarship**

This scholarship was established in honor of Annie P. Turner to encourage students to reach their full potential by enrolling in a full-time course of study at a two-or four-year College or University. *One scholarship of $300 will be available for a maximum of one year.*

**SCHOLARSHIP APPLICATION**

**Due June 30, 2022**

*Submit this application package with all required documentation to the appropriate address as noted below. Applications that have not been signed and dated will not be accepted.*

***MAILING INSTRUCTIONS:***

Mail application to the address noted below.

**Christian Women Alliance**

Attn: College Scholarship Selection Committee

P. O. Box 533

Windsor, VA 23487

Phone: (757) 556-5403

**Check List**

I meet the following initial requirements:

**□** High School senior

**□** Minimum 3.0 GPA

**□** Plan to enroll in a two-or four-year College or University

I have completed the required Scholarship application and have attached the

following documents:

**□** Copy of my current or most recent school transcript

**□** One page essay

**□** Two references

**SCHOLARSHIP APPLICATION**

**PERSONAL**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: ( )**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(type or print)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(street) (city) (state) (zip code)

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MM/DD/YY)

Race/Ethnicity: □ White/Caucasian □ Black/African American □ Asian or Pacific Islander

□ Spanish, Hispanic or Latino □ American Indian or Alaskan Native □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT**

Current/most recent employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: ( )*\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**SCHOOL**

High school name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA: \_\_\_\_\_\_\_\_\_\_\_

Are you now attending high school? □ No □ Yes graduation date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Future educational plans (specify school and course study):

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

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**LEADERSHIP AND VOLUNTEER EXPERIENCES**

Please list specific leadership experience and volunteer responsibilities in school and other organizations. Also include number of years of volunteer service and number of volunteer hours during the year:

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SCHOLARSHIP APPLICATION**

**I WILL BE APPLYING FOR THE FOLLOWING SCHOLARSHIP (PLEASE CHECK WHICH ONE APPLIES)**

Annie P. Turner \_\_\_\_\_\_

**REFERENCES**

Name, relationship and address of two adults who could tell us more about you (example: teacher, principal, employer, etc. Do not include relatives or household members). Provide each of your references with the enclosed **“Reference” form** for ***return to Christian Women Alliance on or before June 30th.*** They may use the form or provide information in the form of a letter. Be sure applicant’s name is listed on the reference form.

1.) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL STATEMENT**

***In the space below, please write a short statement about why you are seeking financial support for your college education. Please include steps that you have taken to personally finance your education. Please also list any scholarship awards or grants that you have already received in the space provided below.***

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***Other scholarships, awards or grants you have already received:***

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ESSAY**

Please submit this **application form**, your **current or most recent transcript,** and a **one page essay (12/point, double space)** on (choose one) "Describe the Most Challenging Obstacle you have had to overcome; discuss its impact and what you have learned from the experience," or "What is the value and importance of community service in our society and tell us what it means to you," **on or before June 30th to: Christian Women Alliance, Attn: College Scholarship Selection Committee, P. O. Box 533, Windsor, VA 23487**

I attest that the information provided in this application is true and correct and agree that any untruthful or misleading answers, or omission of fact, may result in rejection of this application. I authorize and release any former employers, teachers, schools, and any other persons or organizations to furnish Christian Women Alliance with information concerning my academic or work performance, skills, abilities, and character.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCE FORM - COLLEGE SCHOLARSHIP**

*(This form is to be completed by selected reference; teacher, principal, employer, etc.)*

Name of scholarship applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the following information on the above individual and **return on or before April 24th*.*** You may provide a letter of reference if your letter includes the areas mentioned below, instead of completing this form. *(Use reverse side if needed.)*

1. In what capacity and for how long have you known the applicant?
2. What barriers/challenges has the applicant overcome to get to the point where she/he can pursue a higher education?
3. What challenges will she/he face as a college student?
4. Do you believe she/he can meet those challenges? Why? How? Please give examples.
5. Do you know if the candidate has had the opportunity to contribute to the community or to help others?

In what way?

1. Is there anything else we should know about the applicant?

Signature of Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return completed form on or before April 24th to:**

Christian Women Alliance

Attention: College Scholarship Selection Committee

P. O. Box 533

Windsor, VA 23487

Phone: (757) 556-5403