

Dr. Dorothy W. Washington Legacy Scholarship Application

Dear Student:

We are so pleased that you have chosen to apply for a Dr. Dorothy W. Washington Legacy Scholarship. You will find in this packet our Vision and Mission Statements, as well as General Information about the amount of, and when, the scholarship will be given, and grade and other requirements.

Carefully review the attached Application Checklist. It will provide additional requirements information and assist you in making sure you provide everything the Scholarship Committee will need to give you proper consideration for a scholarship. The Application Checklist is to be returned with your application.

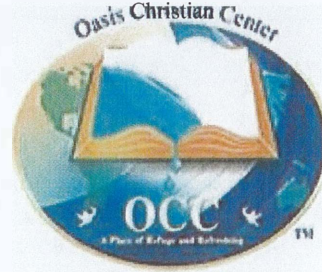
Do make sure the attached Application is properly completed.

Your application must be received or postmarked by **June 30, 2022.**

If you have any questions, do feel free to contact me.

Wishing you much success in achieving your educational goals,

Artie Newby, Chairperson
Scholarship Committee
281.437.9930



Dr. Dorothy W. Washington Legacy Scholarship Application

VISION STATEMENT

Building Victorious People in Christ Jesus Who Impact the World

MISSION STATEMENT

Impacting families with Compassion, Love and Servitude.

Equipping them through faith in the Word of God to live prosperous lives.

GENERAL INFORMATION

Good News Full Gospel Fellowship Church, Inc. (Good News Church) and Oasis Christian Center Church (OCC) will award two \$500 scholarships to graduating high school students or 2022 GED graduates (22 years and younger).

Applicants MUST have a C+ or above GPA in order to apply. Scholarship recipients are expected to continue the high academic standards that they displayed in High School. A copy of the student's enrollment verification and college or institute of higher learning acceptance letter must be provided to the Scholarship Committee Chairperson. The Dr. Dorothy W. Washington Legacy Scholarship may also be utilized for advanced learning technical institutes.

Scholarship recipients will be notified. All documentation and information obtained in and with this application will be held in strictest confidence and will not be returned to the applicant.

Note to Recipients - Scholarships will be paid after the school's drop date.

Dr. Dorothy W. Washington Legacy Scholarship Application Checklist

APPLICATION PACKAGE

A complete application package should include:

- ☐ A completed scholarship application (***Preferably typed*** or ***neatly printed*** applications will be permitted. We are not responsible if application is not legible. No pencil.)
- ☐ Your official transcript that is unopened and addressed to the Scholarship Committee as indicated below.
- ☐ Written original essay (limit of 500 or less words typed and double-spaced) in which you:
 - a) Provide your life goals
 - b) Indicate how a higher level of education will assist you to obtain these goals
 - c) Indicate how this scholarship will help you to achieve your goals
- ☐ Recent photo (Photo will not be returned.)
- ☐ Documentation of acceptance to an institution of higher education or technical institute
- ☐ Reference letter from church Pastor on church letterhead to verify church membership, regular attendance, and active involvement in the church
- ☐ Three letters of recommendation (One from each of the following):
 - (a) High School
 - (b) Community Organization in which you served
 - (c) Club that you participated in

SEND ALL INFORMATION BY JUNE 30, 2022 TO:

Artie Newby, Chairperson, Scholarship Committee

Good News Church
P.O. Box 721853
Houston, TX 77272

Dr. Dorothy W. Washington Legacy Scholarship Application

APPLICANT INFORMATION

First Name Last Name

Address City State Zip Code

Email

Home Phone Cell Phone

FAMILY INFORMATION

Legal Guardian's First Name Last Name

Email

Home Phone Cell Phone

Address City State Zip Code

HIGH SCHOOL INFORMATION

High School Graduation Date

Address City State Zip Code

Phone

2022 Scholarship Applications must be received or postmarked by June 30, 2022.

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HONORS AND AWARDS EARNED IN HIGH SCHOOL (Attach additional page if necessary.)

HONORS	AWARDS

LEADERSHIP OFFICES HELD IN HIGH SCHOOL ORGANIZATIONS (Attach additional page if necessary.)

Clubs, Social Activities, Community Organizations	Number of Years	Offices Held

COMMUNITY SERVICES (Attach additional page if necessary.)

Project	Project Dates	Number of Hours

EXTRACURRICULAR ACTIVITY PARTICIPATION (Attach additional page if necessary.)

Name of Activity	Number of Years

DISCLAIMER & SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If chosen as a recipient, I understand that false or misleading information in my application may result in the loss of this award.

Signature_____

Date_____