

**PINE GROVE AME CHURCH
2017 SCHOLARSHIP APPLICATION PACKET
SONS OF ALLEN SCHOLARSHIP**

Deadline: May 28, 2017 @ 12:00 Noon



Award Presentation: TBD

2017 SCHOLARSHIP ELIGIBILITY **REQUIREMENTS**

- **Male candidate**
- **One year of active participation in Pine Grove AME.**
- **Active membership in at minimum two activities.**

2017 SCHOLARSHIP APPLICATION **CHECKLIST**

To process your application, Pine Grove A.M.E. Church office must have the following application components by **May 28, 2017 @ 12:00 Noon: (faxed packets will not be accepted).**

- Completed application form**
- Three Letters of Recommendation/Forms (One from an adult Church member)**
- Official high school transcript**
- Acceptance letter from institution of higher learning.**

Application materials may be mailed or delivered to:

**Pine Grove AME Church
Attn: Sons of Allen
120 Steward Road
Columbia, SC 29210**

**(p) 803.798.6109
(f) 803.798.3999**

www.pinegroveame.org

**Contact Persons:
Matthew Muldrow, Sons of Allen, President
(p) 803-237-6633**

**Henry Reeder, SOA Scholarship Committee, Treasurer
(p) 803-586-9971**

Scholarship: Sons of Allen Scholarship

Year: 2017
Deadline: May 28, 2017

(See Criteria for Eligibility – **Please Print or Type**)

GENERAL INFORMATION

Applicant's Name _____

Phone: _____

E-mail _____

Parent Name(s) _____

Parent's E-mail _____

Address _____

City _____ Zip _____

HIGH SCHOOL/GED INFORMATION

School _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

COLLEGE INFORMATION

College you will be attending _____

Your Major/Minor _____

College Address _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

Applicant's Name (please print or type)

Recommendation Form

Pine Grove AME Church
Attn: SOA Scholarship Committee
120 Steward Road
Columbia, SC 29210
(p) 803.798.6109
www.pinegroveame.org

2017 Sons of Allen Scholarship Program

I, the undersigned applicant, request that you complete this recommendation form, a requirement of my application for the *Sons of Allen Scholarship*- Pine Grove AME Church. **I also understand that I cannot receive a recommendation from a relative. By the signature below**, I affirm that all information provided is true and complete to the best of my knowledge. Misrepresentation or the submission of inaccurate or incomplete information may result in the disqualification or forfeiture of the scholarship.

Signature of Applicant

Date

PLEASE PRINT OR TYPE

Applicant's Name: _____

The above student has applied for the Sons of Allen Scholarship which is an annual scholarship at Pine Grove AME Church. The Scholarship Selection Committee wishes a candid **typed written** appraisal letter of the applicant's qualifications, including his/her integrity, reliability, character and other relevant information. Please include how you know the applicant for how long you have known him/her. Use space below and/or attach sheet. Please return the completed form directly to Pine Grove AME Church by **May 28, 2017 @ 12:00 Noon** at the above address in sealed envelope that has been provided to you. Thank you.

Name: _____

Phone: _____ Occupation: _____

Address: _____

Relationship to Applicant: _____

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Phone: _____ Occupation: _____

Address: _____

Relationship to Applicant: _____

SCHOLARSHIP APPLICATION COUNSELING FORM

This is to document that on _____, (applicant's name)
_____ was counseled by member/members of
the Pine Grove Scholarship Committee regarding application process for the
Sons of Allen Scholarship 2017.

Committee Member's Name

Date

Committee Member's Name

Date

Signature of Applicant

Date