

# **Flossie Mae Scott Scholarship Outline**

## **Objective:**

- To encourage a Harvest Temple COGIC youth to work in the church and to extend his/her education level beyond high school (including GED recipients).
- To give public recognition to adult members of Harvest Temple COGIC who has obtain a degree (GED, Associate, Bachelor, Master, Doctoral degree).

## **Requirements:**

### **A. Youth Recognition**

1. Applicant must be an active member of Harvest Temple COGIC and have participated or worked in at least **three** Harvest Temple COGIC departments for example: Sunday School, Youth Ministry and Vacation Bible School.
2. Applicant must be a Shreveport/Bossier high school graduate of the current year with an accumulative grade point average of 3.0 or higher. Must submit a copy of current transcript/parish permanent high school record that reflects the first semester grades of current year.
3. Applicant of this scholarship may pursue studies in any field at any college/vocational school.
4. Upon completion of registration at selected school, recipient will be awarded the scholarship. A copy of the completed higher education registration form and a thank you note must be mail/delivered to:  
**Flossie Mae Scott Scholarship Committee at 1633 Benton Rd, Bossier City, LA 71111.**
5. Applicant must complete and submit the following:
  - A. An application form
  - B. Academic information
  - C. Copy of transcript/parish permanent high school record
  - D. Three recommendation forms, one from each department leader.
6. Application must be submitted by the (1<sup>st</sup>) First Sunday in May to the Flossie Mae Scott Scholarship Committee.

### **B. Adult Recognition**

1. Adults graduating with a college or vocational degree that wish to be recognized must complete and turn in the Continuing Education form by the first Sunday in May.
2. Adults should show evidence of completion by providing a copy of the graduation invitation or degree along with the Continuing Education form to Flossie Mae Scott Scholarship committee.

\*Administrative counsel reserves the right to redirect all funds to the ministry most needed.

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

**Flossie Mae Scott Scholarship Application**  
(Please type or print legibly)

**Applicant Data**

Name \_\_\_\_\_  
Last First

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Church Data**

List departments you have worked or participated in and include the number of years.

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

**School Data**

High School Attended \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_

Intended College/Vocational School \_\_\_\_\_

Intended/Major \_\_\_\_\_

**Transcript Information**

Attach a copy of high school transcript to application.

**Other Awards**

List the name of grants or scholarships that have been awarded for the coming year (Attach another page if necessary).

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

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information will result in termination of my scholarship granted.

\_\_\_\_\_  
*Applicant Signature*

## Harvest Temple Flossie Mae Scott Scholarship Recommendation Form

**To Applicant:** Complete the applicant section of the recommendation form and forward it to each department leader who is acquainted with your work.

### APPLICANT SECTION

Applicant's Name: \_\_\_\_\_  
Name of the Person Completing the Form: \_\_\_\_\_  
Title of the Person Completing the Form: \_\_\_\_\_

### DEPARTMENT LEADER SECTION

The applicant whose name appears above has applied for the Flossie Mae Scott Scholarship.

**Please answer **EACH** of the questions below.**

When complete, return in to Sis. Lakeitha Scott or Scholarship Committee Member

1. How long and in what youth activities within your department have you known the applicant to participate or work?  
*Example-VBS-5 yrs*

2. What do you consider the applicant's strengths?

3. Please comment on anything else you think would be helpful to the scholarship committee.

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_ Title \_\_\_\_\_  
(Print)

Signature \_\_\_\_\_

**Academic Information**

1. Name and Address of High School \_\_\_\_\_  
\_\_\_\_\_
2. Grade\_\_\_\_\_ Class Rank\_\_\_\_\_ Number in Class\_\_\_\_\_ Cumulative GPA\_\_\_\_\_
3. Academia Honors received:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. ACT score\_\_\_\_\_ or SAT score\_\_\_\_\_ Date Tested\_\_\_\_\_
5. Name and address of college or school you plan to attend in the Fall:  
\_\_\_\_\_  
\_\_\_\_\_
6. In what field or course of study do you plan to major or concentrate?  
\_\_\_\_\_  
\_\_\_\_\_
7. Why have you chosen this field to study?  
\_\_\_\_\_  
\_\_\_\_\_

**Financial Information**

1. List anticipated cost of the next year:  
Room\$\_\_\_\_\_ Board\$\_\_\_\_\_ Books\$\_\_\_\_\_ Lab Fee\$\_\_\_\_\_ Tuition Fees\$\_\_\_\_\_  
Transportation\$\_\_\_\_\_ Other \$\_\_\_\_\_
2. Will you be receiving any other scholarships for the next year? Yes\_\_\_ No\_\_\_  
If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Are you eligible to receive TOPS? Yes\_\_\_ No\_\_\_

## Continuing Education

Adults graduating from college/vocational education, who would like to be recognized must complete the form and turn in by the first Sunday in May to the Flossie Mae Scott Scholarship Committee.

**Name:** \_\_\_\_\_

**Degree:** \_\_\_\_\_

**College/Vocational Institution:** \_\_\_\_\_

**Give a brief description how the degree will benefit you and the church:**

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**APPLICATION DEADLINE: 1<sup>ST</sup> SUNDAY in MAY**

### **Flossie Mae Scholarship Committee**

LaKeitha Scott, Chairman

Louise W. McDonald

Elder T. L. Scott

Khakillya Everett

Deacon Vincent J. Kemp

Michael Jackson

Charity M. Jackson