

## PEARL JOHNSON SCHOLARSHIP GUIDELINES

1. May be given to male or female, married or single, who is active and faithful in his/her own church in the West Chowan Baptist Association.
2. The application, including the cover sheet, must be submitted to the Scholarship Committee chairman and must be postmarked by March 1<sup>st</sup>.
3. Two (2) letters of recommendation are required. One from the Pastor and one from the church WMU director. If there is no Pastor, the chairman of deacons should submit the recommendation. If there is no WMU director (or Women on Mission coordinator), another key leader should submit the recommendation. **These letters should be included with the scholarship application. The persons completing the recommendation forms and letters should place the form and letter in an envelope, seal it and address to "SCHOLARSHIP COMMITTEE."** The **sealed** envelope should be given to the applicant to be returned with the application.
4. Applicant must supply high school transcript or prior college semester transcript.
5. Applicant must have permanent residence in the West Chowan Association.
6. Recipient will be notified by the 3<sup>rd</sup> week in March. Recipient is requested to be present at the Annual Associational WMU Spring Meeting (usually held the first Tuesday of April).
7. Recipient is eligible to apply for the scholarship for a maximum of four years in an undergraduate college or seminary degree program.
8. Scholarship monies will be paid directly to the institution prior to the first semester. Recipient must show proof of college acceptance before August 1<sup>st</sup> for the disbursement to be paid. Along with proof of college acceptance, the recipient should include the specific information for paying the scholarship monies: Student's college ID number, Name of Payable To and the Address thereof. This should be mailed to the Scholarship Committee chairman. The chairman will inform the Associational WMU Director and Treasurer that disbursement should be issued and forward the Treasurer the institutional information.

**Revised: August 2023**

**PEARL JOHNSON SCHOLARSHIP COVER SHEET**

**SCHOLARSHIP YEAR:** \_\_\_\_\_

**THIS SHEET SHOULD BE ATTACHED TO THE FRONT OF THE APPLICATION.**

**APPLICATION FOR:** \_\_\_\_\_ (Name)

**DO NOT MARK BELOW – CHECKLIST IS FOR THE SCHOLARSHIP CHAIRMAN**

- \_\_\_ Application postmarked by March 1<sup>st</sup>.
- \_\_\_ Letter of recommendation received from Pastor or \_\_\_\_\_
- \_\_\_ Letter of recommendation received from WMU Director or \_\_\_\_\_
- \_\_\_ Name of college or seminary \_\_\_\_\_
- \_\_\_ Lives in the West Chowan Association
- \_\_\_ Member of \_\_\_\_\_ Church in West Chowan Association
- \_\_\_ High School Transcript or Prior College Semester Transcript
- \_\_\_ Proof of college acceptance/enrollment
- \_\_\_ Prior recipient of PJ Scholarship: If yes, how many years? \_\_\_\_\_
- \_\_\_ On a scale of 1 (low) – 10 (high), how would you rate this applicant?

\_\_\_ **Yes** \_\_\_ **No** – **This applicant has been selected as the nominee.**

\_\_\_ Contact applicant by mail or email concerning status. If the recipient, notify of date and time of Annual Meeting, after approval by the WMU Leadership Team

The Committee shall review all applications and select a nominee. The Chairman shall notify the Associational WMU Director of the nominee. The WMU Leadership team will approve the awarding of the nominee for the Pearl Johnson Scholarships prior to the Annual Associational WMU Spring Meeting.

\_\_\_ Received proof of college acceptance. (Date: \_\_\_\_\_)

\_\_\_ Notified WMU Treasurer to make disbursement. (Date: \_\_\_\_\_)

**PEARL JOHNSON SCHOLARSHIP APPLICATION**

**Scholarship for the Academic Year \_\_\_\_\_**

**PART I. Personal Information**

Name \_\_\_\_\_ Email address: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parents' Names \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Reason for applying for scholarship: \_\_\_\_\_

Have you received the Pearl Johnson Scholarship in prior year(s)? \_\_\_\_\_

If yes, what year(s)? \_\_\_\_\_

**PART II. Church Involvement**

Member of which West Chowan Baptist Church? \_\_\_\_\_

Church Involvement:

How many Sundays did you attend Sunday School last calendar year? \_\_\_\_\_

How many Sundays did you attend Worship Service last calendar year? \_\_\_\_\_

What other activities have you participated in? (Indicate 'Y' for yes and leave blank for no)

Mission Friends \_\_\_\_\_ GAs \_\_\_\_\_ CIAs \_\_\_\_\_ Acteens \_\_\_\_\_ RAs \_\_\_\_\_ YOM \_\_\_\_\_

Adult Missions Organizations \_\_\_\_\_ If yes, which one? \_\_\_\_\_

Mission Trips \_\_\_\_\_ If yes, how many trips? \_\_\_\_\_

Sunday School \_\_\_\_\_ Discipleship Training \_\_\_\_\_ VBS \_\_\_\_\_

Music Department \_\_\_\_\_ If yes, what area? \_\_\_\_\_

Have you been a teacher, assistant teacher or worker in any of these activities? \_\_\_\_\_

If yes, which ones? \_\_\_\_\_

Other church or associational activities (describe): \_\_\_\_\_

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

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**PART III. Educational Information**

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

If you are in college now, name of college: \_\_\_\_\_

GPA for last fiscal year (high school or college) \_\_\_\_\_ (Transcript must be included when returning Scholarship Application)

Name of college you plan to attend for Academic Year of Scholarship \_\_\_\_\_  
(Include a copy of acceptance letter or if already in college, proof of enrollment for fall)

Present Academic Year classification (HS Senior, 1<sup>st</sup> year, 2<sup>nd</sup> year....) \_\_\_\_\_

Anticipated curriculum of study/degree \_\_\_\_\_

**PART IV. Financial Information**

Family total income reported last year on U.S. Tax Return(s) \_\_\_\_\_

Number of individuals supported by family income \_\_\_\_\_

Number of family members who will be attending institutions of higher education next year

\_\_\_\_\_

Where do you plan to live? \_\_\_ On Campus \_\_\_ Off Campus \_\_\_ At Home

Other circumstances you wish the Scholarship Committee to consider in evaluating this application:

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please note: This application must be postmarked by March 1st. All information will remain confidential. Submit to the Pearl Johnson Scholarship Chairman listed below:

**Debbie Vinson**  
**2152 Vaughan Creek Road**  
**Pendleton, NC 27862**  
**252-585-0977 (home) / 252-398-7395 (cell)**

**Revised: August 2023**

**Recommendation for  
PEARL JOHNSON SCHOLARSHIP  
West Chowan Baptist WMU**

A member of your church is applying for the Pearl Johnson Scholarship through the WMU of the West Chowan Baptist Association. Two letters of recommendation are required. One from the Pastor and one from the church WMU director. If there is no Pastor, the chairman of deacons should submit the recommendation. If there is no WMU director (or Women on Missions coordinator), another key leader should submit the recommendation. **Your recommendation should be placed in an envelope, sealed, and addressed to "SCHOLARSHIP COMMITTEE."** Then the envelope should be given to the applicant for submission with his/her completed application.

Name of Applicant: \_\_\_\_\_

Name of Church: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

List applicant's church related activities below. If your church does not have these activities, please mark N/A (Not Applicable)

	<u>Regular Attendance</u>			<u>Offices Held</u>	<u>No. Yrs. Participated</u>
	Yes	No	N/A		
Sunday School	___	___	___	_____	_____
Worship Services	___	___	___	_____	_____
Music Program	___	___	___	_____	_____
Mission Friends	___	___	___	_____	_____
GA's/CIA's/RA's	___	___	___	_____	_____
Acteens/YOM	___	___	___	_____	_____
Other Activities:	___	___	___	_____	_____
_____	___	___	___	_____	_____

**A letter of recommendation must be attached.** Information about the applicant's leadership qualities, character, and other outstanding abilities you have observed should be included, as well as any information you feel would be helpful to the committee.

Recommendation submitted by: (Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(Position) \_\_\_\_\_

**Scholarship Applications are due by March 1st to the Scholarship Committee. Therefore, please return your recommendation and letter to the applicant prior to this date in a sealed envelope addressed to the Scholarship Committee.**

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	Yes	No	N/A		
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Worship Services	_____	_____	_____	_____	_____
Music Program	_____	_____	_____	_____	_____
Mission Friends	_____	_____	_____	_____	_____
GA's/CIA's/RA's	_____	_____	_____	_____	_____
Acteens/YOM	_____	_____	_____	_____	_____
Other Activities:	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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