2021 KITTRELL-ALLEN-ADAMS SCHOLARSHIP APPLICATION

Second Episcopal District A.M.E. Church

This scholarship is limited to students who are current members of an African Methodist Episcopal Church in the 2nd Episcopal District seeking their first college degree.

PERSONAL INFORMATION (Please print legibly or type) Name ______Male \(\subseteq \text{ Date of Birth} \) Phone #: Cell Home Email Mailing Address: _____ City_____ State_ Zip code_____ ACADEMIC INFORMATION Name of High School/GED Program **Graduation Date** GPA on 4-point scale Name and address of college you are attending or have been accepted. Date of # Credit hours GPA on a First time colleges students must include letter of acceptance. enrollment completed 4 point scale Indicate your current Educational Status: H. S. Senior ___ College Student: 1st ___ 2nd ___ 3rd ___ 4th ___ year Major or intended college major ______ Minor _____ **CHURCH INFORMATION** AME Church in which you are a member______Location (City and State)_____ Name of Pastor ______ Please indicate your activities/organizations/ and positions held in your home church: If you are a college student, please indicate how you have maintained your involvement with your home church or an AME Church. Other Current Activities (school and community): Name of your Annual Conference: Baltimore Washington Virginia Western North Carolina North Carolina FAMILY AND FINANCIAL INFORMATION _____Phone # _____ Mother/Guardian _____ Annual Income_____ Phone: # ___ Father/Guardian Other sources of household income \$____ Single parent household Yes __ No ___ # of dependents including you # in college Are you employed? Y N If yes, state **monthly** income

Scholarships/Awards	Grants	Loans
List all financial aid for which you have applied that is still pending.		
	YAZZ	
Biographical Essay (written by the applicant in the first person): The essay (not to exceed 500 words) should provide biographical nformation about you - including family, school, AME Church, community involvements and future goals.		
Current Academic School Year Recommendation	•	
One of your recommendations must be your Past i character and your involvement in church, commu		
ate, and nhone number helow:		
etc. and phone number below: Name	Title	Phone #
•	Title	Phone #
•	Title	Phone #
etc. and phone number below: Name 1 2	Title TRANSCRIPT	Phone #
•	<u>Transcript</u>	
Name 12	TRANSCRIPT or college transcript to be mailed to the KAA	
Name 12	TRANSCRIPT or college transcript to be mailed to the KAA YOUR (original) SIGNATURE	Scholarship Committee at the address below.

- Signed Application (original signatures) with all requested information (including income and financial aid information)
- Biographical Essay as required
- 3. Official Copy of high school or college transcript in sealed envelops
- Letter of acceptance first time college students
- Two current letters of recommendations from nonrelatives (One of your recommendations must be your Pastor or a Church Official and the second should be from a mentor, teacher, counselor, friend, etc).

INCOMPLETE and **LATE** applications will not be considered.

FVI: Applications will be processed during the months of September and October. Checks will be distributed during the month of November. Applicants not receiving a scholarship will be notified at the same time as the awardees.

Return all materials to: Gail P. Radcliff, 9285 Berry Road, Waldorf, MD 20603 (301.870.8492) via regular mail on or before July 3D, 2021. (Applications via email will not be accepted).