

**“ERASING EVERY EXCUSE”**

**DORIS D. MURPHY  
SCHOLARSHIP APPLICATION**



**NEW BETHEL CHURCH – 1520 LITTLE ROCK RD. – CHARLOTTE,  
NC 28214**

**PH: 704-391-0365 – FAX 704-391-7709 – EMAIL:**

**[SCHOLARSHIPFUND@NBC.COM](mailto:SCHOLARSHIPFUND@NBC.COM)**

**PASTOR TOMMIE A. MURPHY AND FIRST LADY DORIS MURPHY**

## **DORIS D. MURPHY SCHOLARSHIP CRITERIA**

### **A. Types of Financial Assistance**

1. The Doris D. Murphy Scholarship is available for graduating high school seniors only.
2. The Doris D. Murphy Scholarship will be awarded for direct school costs only (tuition, room, board and books) in the amount of \$1,000.

### **B. Eligibility Requirements**

1. Applicant must complete the required application and provide all necessary supporting materials by April 30, 2020 to be considered for the scholarship.
2. The Doris D. Murphy Scholarship Fund will award a scholarship to selected applicant(s) who satisfy all of the following requirements:
  - a. Academic Performance: (2.75 GPA or higher)
  - b. Active in church ministry and/or district
3. To be eligible for scholarship, the applicant must be a current member of the E.C. Cannon Memorial District prior to the application deadline.
4. Applicant must show proof of admission to an accredited post-secondary institution which includes community colleges, technical, vocational, professional schools and four –year degree granting institutions he/she plans to attend.
5. Applicant must plan to enroll as a full-time student as defined by the institution he/she plans to attend. Usually, this is defined as a minimum of twelve (12) semester hours.

### **C. Verification of Application Materials**

1. The Scholarship Committee, through its district representatives, reserves the right to verify information submitted in support of an application and to request additional information when needed.

### **D. Named Scholarships**

1. The recipient of the named award must meet the requirements of the Doris D. Murphy Scholarship and must be present to receive the scholarship.
2. Scholarship will be based on the funds available, as determined by the Scholarship Committee.
3. The Scholarship Committee will make the final selection and approve all scholarship materials

### **E. Administration of Scholarship**

Funds awarded will be issued in the name of the institution that the recipient indicated he/she will be attending. If a scholarship recipient determines that he/she cannot enroll as intended, he/she must provide a written notice to the Scholarship Committee no later than ten (10) calendar days after the semester or quarter begins. The dispensation of funds will be determined at the discretion of the Scholarship Committee.

**APPLICATION CHECKLIST**

- Complete Application with attached Essays \_\_\_\_\_
- Guidance Counselor or other Questionnaire Form & Recommendation \_\_\_\_\_
- Recommendation from Pastor \_\_\_\_\_
- Current School Transcript to verify GPA \_\_\_\_\_
- Include a current individual photo of yourself \_\_\_\_\_

Please review and ensure that the information you provided is accurate to the best of your knowledge. Your signature below indicates that you understand that missing the deadline, omitting any items or providing inaccurate information will result in your application being ineligible for review. Please submit application to New Bethel church by April 30, 2020.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

The Doris D. Murphy Scholarship Fund is designed to assist those with a passion to excel in their God given purpose. This assistance is a hand up not a hand out to fulfill God’s word which says.... “ open thy mouth, judge righteously and plead the cause of the poor and needy”...  
Proverbs 31:9

**I. PERSONAL DATA**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone Number (h): \_\_\_\_\_ Phone Number (c): \_\_\_\_\_

Parents'/Guardians' Names: \_\_\_\_\_

Parents'/Guardians' Phone Number \_\_\_\_\_

High School Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Local Church: \_\_\_\_\_ Date joined: \_\_\_\_\_

High School Graduation Date: \_\_\_\_\_

**POST SECONDARY SCHOOL DATA:**

- 4-yr. College or University
- Vocational – Technical School
- 2-yr. Community or Junior College
- Other, Explain: \_\_\_\_\_

Name of School: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Intended Major: \_\_\_\_\_

**Academic Degree Goal (Please Check One):**

B.A, B.S \_\_\_\_\_ M.A., M.S \_\_\_\_\_

Ph.D., Ed.D. \_\_\_\_\_ Other, Specify \_\_\_\_\_

**II. ACTIVITIES, AWARDS AND HONORS**

A. List school activities in which you have participated (e.g., student government, clubs, music, sports, etc.) Indicate all special awards, honors, and offices held.

Activity	Number of Years Participated	Special Awards/ Honors	Office(s) held

B. List Community activities in which you have participated without pay (e.g., hospital volunteer, crisis hot line, Boy/Girl Scouts, etc.) Indicate all special awards, honors, and offices held.

Activity	Number of Years Participated	Special Awards/ Honors	Office(s) held

**III. EXTRACURRICULAR ACTIVITIES**

A. Please describe your use of leisure time.

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B. List ministries you have participated in while at your local church.

Ministry Name	Date Started	Date Ended	Ministry Leader

**IV. ESSAYS (Typed and Font Size 12)**

Please type your answers to the following questions and attach to the application.

- A. What is the importance of education? What are your career objectives? How has your schooling equipped you for your future objectives and prepared you for higher education? How have you demonstrated leadership abilities both in and out of school?
- B. Describe your most meaningful achievements and how they relate to your field of study and your future goals. (Please explain in 500 words or less).
- C. Describe your level of participation in the church and how your involvement has shaped your personal relationship with Christ. Include your view of the church, how the church has impacted your spiritual growth and how you are being a living witness for Christ. (Please explain in 400 words or less).
- D. Why are you a good candidate to receive this scholarship? (Please explain in 200 words or less)

**SCHOOL QUESTIONNAIRE FORM**

(To be completed by a teacher, Guidance Counselor or Coach only)

Applicant's Name \_\_\_\_\_

- I. Please write a letter of recommendation for this applicant, including the information that you feel would aid the selection team in choosing this student's application.
  
- II. Please place this form and your letter of recommendation in a sealed envelope with your signature across the back flap and return it to the applicant. Please note that this recommendation is due in the church office by 12:00am on April 30, 2020.

Counselor's or Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print name here \_\_\_\_\_

Telephone Number \_\_\_\_\_

Committee use only: Date form received from applicant \_\_\_\_\_

**PASTOR RECOMMENDATION FORM**  
(To be completed by your Pastor)

Applicant's Name \_\_\_\_\_

Ministry Name \_\_\_\_\_

1. How long have you known this applicant? \_\_\_\_\_
2. How long has this applicant been active in the ministry listed above? \_\_\_\_\_
3. Please attach a letter of recommendation for this applicant, including information about this applicant's service in the ministry listed above as well as any other information that you feel would aid the selection team in choosing this student's application.
4. Please place this form and your letter of recommendation in a sealed envelope with your signature across the back flap and return it to the student. Please note that this recommendation is due in the church office by 12:00am on April 30, 2020.

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print name here \_\_\_\_\_

Telephone Number \_\_\_\_\_

Committee use only:      Date form received from applicant \_\_\_\_\_



**2020-2021 Recommendation Form**

**When completing the application, type your responses or print legibly in black ink.**

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

Recommender's Name: \_\_\_\_\_

Recommender's Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_ In what Capacity: \_\_\_\_\_

***From your observations and knowledge, please rate the applicant by circling the appropriate number.***

	Outstanding	Excellent	Fair	Poor	Not Recommended
Character	5	4	3	2	1
Leadership and Organizational Skills	5	4	3	2	1
Dependability	5	4	3	2	1
Maturity Level	5	4	3	2	1
Academic Success	5	4	3	2	1

Provide a brief statement summarizing your letter of recommendation concerning this applicant. Please attach your letter to this form.

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

Please send the completed form and brief statement to: Lady Doris D. Murphy, Chair, Doris D. Murphy Scholarship Committee, P.O. Box 1263 Gastonia, NC 28053 or by email to [scholarshipfund@newbethelchurch.com](mailto:scholarshipfund@newbethelchurch.com).

**2020-2021 Recommendation Form**

**When completing the application, type your responses or print legibly in black ink.**

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

Recommender's Name: \_\_\_\_\_

Recommender's Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_ In what Capacity: \_\_\_\_\_

***From your observations and knowledge, please rate the applicant by circling the appropriate number.***

Outstanding    Excellent    Fair    Poor    Not Recommended  
New Bethel Church – 2020 Doris D. Murphy Scholarship Application

Character	5	4	3	2	1
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