

"ERASING EVERY EXCUSE"
DORIS D. MUPRHY
SCHOLARSHIP APPLICATION



NEW BETHEL CHURCH-1520 LITTLE ROCK ROAD
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BISHOP TOMMIE A. MUPHY AND LADY DORIS D. 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 \$1,000.00.

B. Eligibility Requirements

1. Applicant must complete the required application and provide all necessary supporting materials by June 18, 2021 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 the 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 that 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 Scholarship Recipient

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. The 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) days after the semester or quarter begins. The dispensation of funds will be determined at the discretion of the Scholarship Committee.

New Bethel Church — 2021-2022 Doris D. Murphy Scholarship Application

APPLICATION CHECKLIST

1. Complete Application with attached Essays
2. Pastor Questionnaire Form
3. Pastor Recommendation Form
4. School Questionnaire Form
5. School Recommendation Form
6. Current School Transcript to verify GPA
7. 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 your application by email to scholarshipfund@newbethelchurch.com by June 18, 2021.

Student Signature: _____ **Date:** _____

Parent/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 case of the poor and needy"... [Proverbs 31:9]

I. PERSONAL DATA

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Age: _____ Gender: _____

Home Phone Number: _____ Mobile Phone Number: _____

Parents/Guardians Name(s): _____

Parents/Guardians Phone Number(s): _____

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 Year College or University
- Vocational/Technical School
- 2 Year 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 have participated (e.g., student government, clubs, music, sports, etc...). Indicate all special awards, honors, and offices held.

Activity	Number of Participation Years	Special Awards/Honors	Offices Held

- B. List Community activities in which you have participated without pay (e.g., hospital volunteer, crisis hotline, Boys/Girls Scouts, etc...).

Activity	Number of Participation Years	Special Awards/Honors	Offices Held

III. EXTRACURRICULAR ACTIVITIES

A. Please describe your use of leisure time.

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

Ministry Name	Date Started	Date Ended	Ministry Leader

IV. ESSAYS (Typed and Size 12 Font)

- 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 do they relate you your field of study and your future goals. (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. (400 words. Of less)
- D. Why are you a good candidate to receive this scholarship? (200 words or less)

SCHOOL QUESTIONNAIRE FORM
(To be completed by Teacher, Guidance Counselor, or Coach only)

Applicants Name: _____

Recommenders Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____ **Phone Number:** _____

How long have you known this applicant? _____ **In what capacity:** _____

Please write a letter of recommendation for this applicant, including the information that you feel would aid the selection team in choosing this students application.

Please email your letter of recommendation along with the 2021-2022 Recommendation Form to scholarshipfund@newbethelchurch.com. Please note that this recommendation is due by 11:59 p.m. on June 18, 2021.

Counselor/Teacher/Coach Signature: _____ **Date:** _____

Printed Name: _____

Phone Number: _____

Date received: _____ (Committee use only)

2021-2022 School Recommendation Form

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

Applicants Name: _____

Recommenders Name: _____

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/ 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

Signature: _____ **Date:** _____

Please email the completed form and letter of recommendation to:
scholarshipfund@newbethelchurch.com by 11:59 p.m. on June 18, 2021.

PASTOR QUESTIONNAIRE FORM
(To be completed by your Pastor)

Applicants Name: _____

Ministry Name: _____

How long have you known this applicant? _____

How long has this applicant been active in the ministry listed above? _____

Please write a letter of recommendation for this applicant, including the information that you feel would aid the selection team in choosing this students application.

Please email your letter of recommendation along with the 2021-2022 Recommendation Form to scholarshipfund@newbethelchurch.com. Please note that this recommendation is due by 11:59 p.m. on June 18, 2021.

Pastor Signature: _____ **Date:** _____

Printed Name: _____

Phone Number: _____

Date received: _____ (Committee use only)

2021-2022 Pastor Recommendation Form

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

Applicants Name: _____

Recommenders Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____ **Phone Number:** _____

How long have you known this applicant? _____ **In what capacity:** _____

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

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Signature: _____ **Date:** _____

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