



**GEORGIA ASSOCIATION OF
MINISTERS' WIVES AND MINISTERS' WIDOWS INTERDENOMINATIONAL**

Dear Applicant,

The Georgia Association of Ministers' Wives and Ministers' Widows Interdenominational (GAMWMW) is pleased that you are interested in our scholarship program. We consider the education of young people to be one of our top priorities. Recognizing that finances can be a hindrance to many students entering college for the first time, we are pleased to provide monetary assistance to deserving young men and women. Although our scholarships target children and grandchildren of ministers' wives or ministers' widows, others will be considered based on recommendation of a GAMWMW Local Chapter Member.

The **COOK-TERRILL SCHOLARSHIP AWARD** has been established to assist Georgia students in obtaining their educational goals. The recipients of this scholarship will receive a cash award to be used at an accredited college, technical school, or university.

If interested in our scholarship, please fully complete all the required information listed on the GAMWMW Application Form. Please pay close attention to the **Supporting Documents Checklist and Certification**. Failure to provide the required documents will result in your elimination for consideration of a scholarship. Your completed application package should be returned to the Scholarship Committee postmarked or emailed no later than March 31ST. There will be no extension of the deadline date.

The actual scholarship recipient will be notified by April 30th. Verification of registration and enrollment from the institution you are attending is required before distribution of funds to your school in August.

Should you have questions or concerns, please contact the GAMWMW Scholarship Committee at GAMWMW.SCHOLARSHIPS@GMAIL.COM.

Thank you for your interest in our scholarship opportunities. We wish you well in all your educational endeavors and pursuits.

In faith,

The GAMWMW Scholarship Committee

Evaleen Litman Sargent

Rev. Evaleen Litman Sargent, Chairperson



**GEORGIA ASSOCIATION OF
MINISTERS' WIVES AND MINISTERS' WIDOWS INTERDENOMINATIONAL
COOK-TERRILL SCHOLARSHIP AWARD APPLICATION**

DEADLINE MARCH 31ST

Please Type or Print Legibly in Black Ink

STUDENT INFORMATION

FULL NAME: _____ BIRTHDATE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NO.: _____ CELLPHONE NO.: _____

EMAIL ADDRESS: _____

NUMBER OF SIBLINGS: _____

EXTRACURRICULAR ACTIVITIES (SCHOOL/COMMUNITY): _____

HOBBIES: _____

LIST ANY LEADERSHIP POSITIONS HELD: _____

ARE THERE ANY EXTENUATING CIRCUMSTANCES WHICH MIGHT HINDER FURTHERING YOUR EDUCATION?

LIST ANY SCHOLARSHIP OR AWARD AMOUNTS YOU HAVE ALREADY RECEIVED TOWARD THIS DEGREE:

FAMILY INFORMATION

FATHER'S (GUARDIAN) NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NO.: _____ CELLPHONE NO.: _____

EMAIL ADDRESS: _____

MOTHER'S (GUARDIAN) NAME: _____



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HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NO.: _____ CELLPHONE NO.: _____

EMAIL ADDRESS: _____

CHURCH INFORMATION

CHURCH NAME: _____

CHURCH ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NO.: _____ FAX NO.: _____

EMAIL ADDRESS: _____

PASTOR'S NAME: _____ SPOUSE'S NAME: _____

PASTOR'S SIGNATURE: _____

(Letter of recommendation from a church official must be attached to this application.)

HIGH SCHOOL AND SCHOLASTIC INFORMATION (To be completed by school counselor)

HIGH SCHOOL NAME: _____

GRADUATION DATE: _____ CUMULATIVE GPA: _____

SCHOOL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NO.: _____ FAX NO.: _____

EMAIL ADDRESS: _____

COUNSELOR'S SIGNATURE: _____

(Letter of recommendation from a school official must be attached to this application.)

COLLEGE/UNIVERSITY OR TECHNICAL SCHOOL INFORMATION

INSTITUTION NAME: _____

INSTITUTION ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NO.: _____ FAX NO.: _____

EMAIL ADDRESS: _____

NAME OF DEAN/DIRECTOR OF ADMISSIONS: _____

(Verification of acceptance must be attached to this application.)



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GAMWMW LOCAL CHAPTER SPONSORING MEMBER'S INFORMATION

GAMWMW LOCAL SPONSOR'S NAME: _____

TELEPHONE NO.: _____ CELLPHONE NO.: _____

EMAIL ADDRESS: _____

MEMBER'S LOCAL GAMWMW CHAPTER: _____

NAME OF LOCAL GAMWMW CHAPTER PRESIDENT: _____

LOCAL GAMWMW CHAPTER SPONSOR'S SIGNATURE: _____

(Letter of recommendation from local chapter sponsoring member must be attached to this application.)

SUPPORTING DOCUMENTS CHECKLIST AND CERTIFICATION

- Copy of acceptance/registration letter from the technical school/college/university you plan to attend.
- Cumulative Grade Point Average on original application with counselor's signature.
- A two (2) page, typed, and double-spaced essay about yourself and how this scholarship will assist you in reaching your future goals must be provided.
- Letter of recommendation from a school official (counselor/teacher).
- Letter of recommendation from a local church leader.
- Sponsorship letter from an active member of a GAMWMW local chapter.

Scholarship Application Form with **JPEG photo and all supporting documents** must be submitted electronically to GAMWMW.SCHOLARSHIPS@gmail.com or mailed to:

GAMWMW SCHOLARSHIPS COMMITTEE
% Rev. Evaleen Litman Sargent, Chairperson
3955 Majestic Drive, SW
Atlanta, Georgia 30331

Deadline: March 31st

By signing below, the following is understood: 1) I/We authorize the GAMWMW to verify all information provided on this application as deemed necessary to make a scholarship award determination. 2) I understand the information provided will be used to select me as a possible scholarship recipient from the GAMWMW. 3) I agree to abide by the guidelines of the scholarship selection committee, and I understand that their decision is final. 4) I certify that the information provided within this application is true to the best of my knowledge. I/We do grant permission for my picture and brief biographical summary to be used in GAMWMW publications.

All provided information is confidential and will be used for the sole purpose of making a scholarship selection. Provided information will not be returned to the applicant; it will be destroyed following the distribution of scholarship awards.

Student Signature/Date

Parent (Guardian) Signature/Date