



**GEORGIA ASSOCIATION OF  
MINISTERS' WIVES AND MINISTERS' WIDOWS INTERDENOMINATIONAL**  
Mrs. Norma Gaines Heath, President

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 31<sup>ST</sup>. There will be no extension of the deadline date.

The actual scholarship recipient will be notified by April 30<sup>th</sup>. 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](mailto: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**

Mrs. Norma Gaines Heath, President

**DEADLINE MARCH 31<sup>ST</sup>**

**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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Mrs. Norma Gaines Heath, President

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](mailto:GAMWMW.SCHOLARSHIPS@gmail.com) or mailed to:

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

**Deadline: March 31<sup>st</sup>**

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