

**International Association of  
Ministers' Wives and Ministers'  
Widows, Incorporated**

**Scholarship Application**

**Mail To:**

**International Association of Ministers' Wives  
and Minister Widows, Inc.  
Mrs. YoLanda G. Wallace  
Chairperson, Student Affairs  
2045 Stonebridge Drive  
Biloxi, MS 39532**

**DEADLINE FOR SUBMISSION IS  
JUNE 1, 2009**

**COMPETE EACH ITEM TO THE BEST OF  
YOUR ABILITY REMEMBER TO SIGN THE  
APPLICATION WHEN IT HAS BEEN  
COMPLETED AND ATTACH A RECENT  
PHOTOGRAPH OF YOURSELF!**

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

Address: (Street/P.O. Box/RT. #) \_\_\_\_\_

\_\_\_\_\_

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

Telephone Number : ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Please Check: Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security# \_\_\_\_\_

Place of Birth: City/State \_\_\_\_\_

Education:

<u>Date of Attendance</u>	<u>Name of High School</u>	<u>Degree/Certificate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Grade Point Average: \_\_\_\_ (Please Circle using a 3.0/4.0/5.0 Scale)

Class Rank/#: \_\_\_\_\_ of \_\_\_\_\_ In the Graduating Class

School Honors and Awards

\_\_\_\_\_

Extra-Curricular and Co-Curricular activities (in school)

\_\_\_\_\_

\_\_\_\_\_

Community Involvement

Volunteer/Community Activities and Awards:

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Special Gifts/Talents:

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Hobbies and Interests:

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College Information

College University to which you have been accepted and plan to attend:

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail \_\_\_\_\_

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

Career/Goals/Ambition: \_\_\_\_\_

Religious Affiliation

Denomination: \_\_\_\_\_

Church where you hold membership: (Please Include Address/City/State/Zip:

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Pastor: \_\_\_\_\_

Church Activities: \_\_\_\_\_

How do you hear of this Scholarship?

Leadership

Offices to which you have been elected

(School/Church/Community): \_\_\_\_\_

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Principal/Counselor Letter of Support of  
Application for Scholarship

To be completed by the Applicant

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

Address (To include City/State/Zip: \_\_\_\_\_

High School/Address: (To include City/State/Zip: \_\_\_\_\_

(To be completed by school personnel only)

High School Principal/School Guidance or College Department Head

Or Major Advisor

The above student is applying for a scholarship from the International Association of Ministers' Wives and Ministers' Widows, Inc. We are particularly interested in Applicant's overall ability to achieve in college. Please rate him/her in comparison to persons of similar age whom you have known. Please share your knowledge of this student by checking in the appropriate box:

<u>Very High</u>	<u>High</u>	<u>Average</u>	<u>Low</u>
Upper 1-2%	At Least top 15%	Upper 50%	Half

Native intellectual ability\_\_\_\_\_

Ability to express himself/herself\_\_\_\_\_

Ability to work with others\_\_\_\_\_

Dependability\_\_\_\_\_

Emotional Maturity\_\_\_\_\_

Class Rank \_\_\_\_\_

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This space is provided for a narrative summary of your knowledge of this student. Please indicate how long you have known this student and share your awareness of his/her character and integrity, participation in school and community activities, breadth of general knowledge, etc. As much as you can share would be helpful in our evaluation of scholarship applicants.

Class Ranking: \_\_\_\_\_ of \_\_\_\_\_  
(Student#) Total in Graduating Class)

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

Position: \_\_\_\_\_

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

