

# Collective Empowerment Group, Inc. Reverend Dr. Jonathan L. Weaver Scholarship 2018 Program Overview & Guidelines

#### **Scholarship Description**

This \$1,500 scholarship is available to high school seniors of the Collective Empowerment Group member churches and adults over the age of 25 with earned GED diploma's planning to attend college. The one-time non-renewable scholarship is restricted to majors related to business, economics, mission and ministry. The scholarship award provides for tuition, required fees, books, traditional room and board and will be disbursed at \$750.00 per semester during the freshman year.

#### About the Reverend Dr. Jonathan L. Weaver Scholarship Fund

This scholarship was established in 2014 by CEG members, business partners and friends of the Collective Empowerment Group in recognition of Reverend Dr. Jonathan L. Weaver's 17 years of leadership as the founding president of the Princes' Georges county and vicinity branch and the founding president of the National Collective Empowerment Group.

### **Eligibility Criteria**

Candidates for the Reverend Dr. Jonathan L. Weaver Scholarship must:

- 1. Attend a CEG member church (located in Maryland, D.C., Virginia) in good financial standing, dues must be current;
- 2. Show a commitment to community service and economic empowerment;
- 3. Plan to attend a two- or four-year college/university;
- 4. Graduating seniors must have an unweighted grade point average of 2.75.
- 5. Maintain a grade point average of 2.50 in college to receive the second half of the \$1500 scholarship in the second semester of the freshman year.

#### **Applications Materials**

Applications for the *Reverend Dr. Jonathan L Weaver Scholarship* must include:

- 1. A complete and signed application form;
- 2. An essay of no more than 500 words, typed, double-spaced and single-sided that responds to the question, "How will my academic degree help me to empower my community?";
- 3. One personal letter of recommendation;
- 4. One letter of recommendation from an academic teacher or employment supervisor;
- 5. The most recent official high school transcript or GED diploma

#### **Evaluation Criteria**

The Collective Empowerment Group member church will select one applicant from their ministry to forward to the scholarship committee. All applications will be evaluated based on the following criteria:

- 1. Student essay
- 2. Confidential evaluation and letters of recommendation
- 3. Strength of students transcript or GED
- 4. Personal interview
- 5. Financial need will be considered in the case of a tie

#### **Award Notification and Acceptance**

The JLW Scholarship Committee will provide the selected applicant an award certificate and upon receipt of the student's college acceptance letter, the scholarship will be sent to the accredited institution. Award recipients will be notified by Rev. Rochelle Toyer and names will be posted on the Collective Empowerment Group website.

**Questions:** The chairperson, Rev. Rochelle Toyer can address questions on this scholarship program by phone: 240-643-0641 or by e-mail: RToyer55@verizon.net

**Due Date:** Applications must be submitted in one packet and postmarked by May 15, 2018. Transcripts and letters of recommendations should not be sent under separate cover. Faxed, e-mailed or incomplete applications will not be considered.

## The Collective Empowerment Group, Inc. Reverend Dr. Jonathan L. Weaver Scholarship Application Form

**PLEASE NOTE**: THIS COMPLETED FORM WITH PERTINENT PAPERS MUST BE RECEIVED AS A SINGLE PACKAGE POSTMARKED NO LATER THAN MAY 15, 2018 IN THE OFFICE OF THE COLLECTIVE EMPOWERMENT GROUP.

**IMPORTANT:** PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ONLY. INDICATE "N/A" IF AN ITEM IS NOT APPLICABLE.

FULL NAME (LAST, FIRST, MI)			
PERMANENT ADDRESS		CELL PHONE #	
CITY	STATE ZIP	Email:	
CHURCH	Pas	stor	
DATE OF BIRTH			
MONTH DAY Y	'EAR CITY	STAT	E
NAME OF HIGH SCHOOL		PHONE NUMBER	
INSTITUTION INTENDED/APPLIED FO	R		
SCHOOL MAILING ADDRESS			
CITY/STATE/ZIP CODE			
PARENTS OR GUARDIANS:			
FULL NAME	FULL NAME		
ADDRESS	ADDRESS		
			60
CITY/STATE/ZIP	CITY/STATE/ZIP		
PHONEEMAIL	PHONE	EMAIL	
I HAVE READ THE APPLICATION GUI	DELINES FOR THIS NOMINATI	ON FORM AND ACCEPT	NOMINATION FOR
SCHOLARSHIP UPON THE CONDITION	NS STATED THEREIN, IN ADDIT	TION, I AUTHORIZE THE I	RELEASE TO THE
SCHOLARSHIP COMMITTEE ANY INFO	DRMATION HELD OR TO BE H	ELD BY SECONDARY SCH	OOL AND UNIVERSITY
OFFICIALS, AND OTHERS, INCLUDING	S, BUT NOT LIMITED TO PERSO	ONAL EVALUATIONS AND	TRANSCRIPTS. I
UNDERSTAND THAT APPROPRIATE IN	NFORMATION MAY BE RELEAS	SED WHEN AWARDING S	CHOLARSHIPS. I FURTHER
UNDERSTAND THAT THE PROVIDING	OF FRAUDULENT INFORMAT	ION DISQUALIFIES ME A	S AN APPLICANT FOR THIS
SCHOLARSHIP.			
PRINT NAME	SIGNATURE		DATE