



## Collective Empowerment Group, Inc. Reverend Dr. Jonathan L. Weaver Scholarship 2016 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 April 15, 2016 and names will be posted on the Collective Empowerment Group website.

**Questions:** The chairperson, Rev. Andrea M. Foster can address questions on this scholarship program by phone 301-367-0486 or by e-mail [PastorAFoster@gmail.com](mailto:PastorAFoster@gmail.com)

**Due Date:** Applications must be submitted in one packet and postmarked by January 15, 2016. 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 JANUARY 15, 2016 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 \_\_\_\_\_ Pastor \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
MONTH DAY YEAR CITY STATE

NAME OF HIGH SCHOOL \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

INSTITUTION INTENDED/APPLIED FOR \_\_\_\_\_

SCHOOL MAILING ADDRESS \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

PARENTS OR GUARDIANS:

FULL NAME \_\_\_\_\_ FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

I HAVE READ THE APPLICATION GUIDELINES FOR THIS NOMINATION FORM AND ACCEPT NOMINATION FOR SCHOLARSHIP UPON THE CONDITIONS STATED THEREIN, IN ADDITION, I AUTHORIZE THE RELEASE TO THE SCHOLARSHIP COMMITTEE ANY INFORMATION HELD OR TO BE HELD BY SECONDARY SCHOOL AND UNIVERSITY OFFICIALS, AND OTHERS, INCLUDING, BUT NOT LIMITED TO PERSONAL EVALUATIONS AND TRANSCRIPTS. I UNDERSTAND THAT APPROPRIATE INFORMATION MAY BE RELEASED WHEN AWARDING SCHOLARSHIPS. I FURTHER UNDERSTAND THAT THE PROVIDING OF FRAUDULENT INFORMATION DISQUALIFIES ME AS AN APPLICANT FOR THIS SCHOLARSHIP.

PRINT NAME

SIGNATURE

DATE