

MCWS&V MLK SCHOLARSHIP APPLICATION
Mailing Address: P.O. Box 12102 Winston-Salem, NC, 27117

**Martin Luther King, Jr. Memorial Seed Fund (MLK Scholarship) of the
Ministers' Conference of Winston-Salem and Vicinity**

\$1,000 (towards a 4-year college) or \$500 (towards a community/technical college) Martin Luther King Scholarships will be given to selected students who are graduating high school seniors and are members of a church that has contributed, in the current year, to the MCWS&V MLK Scholarship Memorial Seed Fund. All scholarships will be one year and non-renewable.

Eligible Applicants for a Martin Luther King Scholarship must:

- **Be a high school senior with a GPA of 2.0 or better.**
- **Plan to attend and enroll in a two or four year college or university.**
- **Be involved in church, civic, community, and school extracurricular activities. (please provide two letters of recommendation, with one being from your pastor)**
- **Additionally, the Applicant's Church should be an Active Contributor (Jan.-Dec. of the current year) to the MLK Scholarship Memorial Seed Fund.**

*Applications for MLK Scholarship must be submitted to the Ministers' Conference of Winston-Salem and Vicinity, no later than: **July 27, 2022 (5:00 p.m. ET)**

HOW TO APPLY:

PLEASE GO TO OUR WEBSITE: <https://www.ministersconferencewsv.org>

1. Complete the Application and then print it out and:

MAIL COMPLETED APPLICATION TO:

**ATTN: MLK Scholarship Committee
P.O. Box 12102 Winston Salem, NC 27117**

2. Scan/send as an attachment via E-mail to all addresses below:

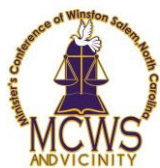
[*secretarymcwsv@gmail.com](mailto:secretarymcwsv@gmail.com)

[*k.vereen1985@gmail.com](mailto:k.vereen1985@gmail.com)

[*presidentmcwsv@gmail.com](mailto:presidentmcwsv@gmail.com)

*Announcements of scholarship awards will be made on: **August 5, 2022** (*Date subject to change*)

***Please complete the entire application. Receipt of an application does not guarantee an award. Award distribution is at the sole discretion of the MLK Jr. Scholarship Committee.**



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Today's Date: _____

Applicant's Name:

(Last) (First) (Middle)

Date of Birth:

Home Address:

(Street) (City) (Zip Code)

Telephone#: _____

Email: (if you do not have one please create one for communication purposes)

High School:

Church Affiliation:

Church Address:

Church Tele/Email: _____

Pastor's Name:

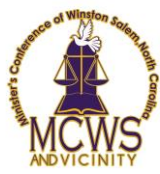
Pastor's Tele/Email: _____

*Who is your current Guardian? _____ Relationship? _____

Is the address the same as applicant? _____

Guardian's Tele#: _____

Email address: _____



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Will you be a first generation student? _____

College, University, or Institute that you plan to attend

Name of School:

School Address:

Have you been accepted? Pending?

Subject/Degree you plan to pursue?

Will you:

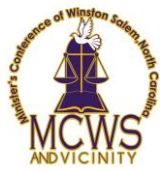
Live on Campus? _____

Off Campus? _____

Commute? _____

Give a complete description of scholastic honors and activities and state the year(s) in each case.

Academic Honors Won in High School

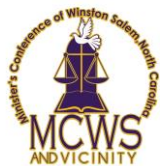


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Extracurricular Activities

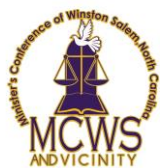
Community/Civic Activities

Please list any other information you feel deserves the selection committee's attention



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Total Word Count:



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Teacher's Recommendation Form

Student's Name: _____

Teacher's Name: _____

Class: _____

Superior High Average Low _____

Recommended Not Recommended

Comments

FORM SUBMISSION DATE: _____

School Stamp or Signature of Teacher _____

Please submit this form by one of the two following ways:

1. Print & Mail to: ATTN: MLK Scholarship Committee

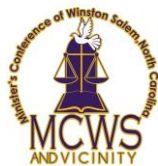
P.O. Box 12102 | Winston Salem, NC 27117

2. Scan/send as an attachment via E-mail to all addresses below:

[*secretarymcwsv@gmail.com](mailto:secretarymcwsv@gmail.com)

[*k.vereen1985@gmail.com](mailto:k.vereen1985@gmail.com)

[*presidentmcwsv@gmail.com](mailto:presidentmcwsv@gmail.com)



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Certification by School Administration (Office)

Date: _____

Student's Name: _____

SAT or PSAT Scores: _____

Math Verbal _____

Rank in Class GPA

Recommendation Superior High Average Low

Recommended Not Recommended

Comments

PERSON COMPLETING THIS FORM: _____

FORM SUBMISSION DATE: _____

SCHOOL STAMP OR Signature of Principal _____

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[*secretarymcwsv@gmail.com](mailto:secretarymcwsv@gmail.com)

[*k.vereen1985@gmail.com](mailto:k.vereen1985@gmail.com)

[*presidentmcwsv@gmail.com](mailto:presidentmcwsv@gmail.com)