

# The Willing Workers of Oxon Hill, Incorporated

## Application for the 2010 Charles E. Stephens Memorial Scholarship

Please mail completed application to: The Willing Workers of Oxon Hill, Inc., PO Box 42, Oxon Hill, MD 20745. The application\* must be postmarked by April 5<sup>th</sup>. If additional paper is needed, use plain bond paper and attach it to your application.

### PERSONAL DATA

Applicant's Name: \_\_\_\_\_

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

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

Telephone Numbers: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home

Cell

**Note: Please enclose a senior photo.**

Name of parents or guardians: \_\_\_\_\_

Parents'/Guardians' address (if different from above): \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Name and location of high school(s) attended: \_\_\_\_\_

High school principal: \_\_\_\_\_

Counselor: \_\_\_\_\_

Name and location of the institution of higher education you plan to attend: \_\_\_\_\_

What is your proposed major field of study? \_\_\_\_\_

What are your occupational goals upon graduation from the institution of higher education?

Are you presently employed? Yes [ ] No [ ] If so, how many hours do you usually worked each week?

Please indicate (circle both date and time) your preference for scheduling your interviews:

1 <sup>st</sup> choice: April 12	April 13	
6:00-6:45 PM	6:45-7:30 PM	7:30-8:15 PM
2 <sup>nd</sup> Choice: April 12 <sup>th</sup>	April 13 <sup>th</sup>	
6:00-6:45 PM	6:45-7:30 PM	7:30-8:15 PM

Other: \_\_\_\_\_

\*All applications become the property of the Willing Workers of Oxon Hill, Inc.

**FINANCIAL NEED**

*(You may be asked to provide documentation to verify financial need, which will be returned to you at the conclusion of your interview)*

Will the scholarship be the determining factor in your attending an institution of higher learning?

Yes [ ] No [ ]

How will this scholarship benefit you most? Please identify below in order of priority: (1 through 5 with 1 being the highest priority)

clothing \_\_\_\_\_ tuition \_\_\_\_\_ books \_\_\_\_\_ transportation \_\_\_\_\_

other (specify): \_\_\_\_\_

How do you plan to defray expenses for your education? Please identify below in order of Priority: (1 through 5)

parent/guardian: \_\_\_\_\_ student loan \_\_\_\_\_ student job \_\_\_\_\_ special grant \_\_\_\_\_

other (Specify): \_\_\_\_\_

Have you applied for other scholarship(s)? Yes [ ] No [ ]

If you have been notified that you will receive a scholarship, please identify the amount and what part of your expenses will be covered.

\_\_\_\_\_  
\_\_\_\_\_

**SCHOOL INVOLVEMENT**

Identify school involvement, such as: honor societies, class organizations, student government, special clubs (English, dance, newspaper, etc.) extra curricular activities (sports, band, chorus, cheerleader, etc.). Also indicate if you held office or won special recognition. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMUNITY SERVICE INVOLVEMENT**

Please specify the name of the community organization you were involved in and describe the activity below: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHURCH INVOLVEMENT**

**Church School:**

Student: Yes [ ] No [ ]                      From: \_\_\_\_\_ To: \_\_\_\_\_  
Teacher Assistant: Yes [ ] No [ ]              List Class: \_\_\_\_\_  
Office(s) Held: \_\_\_\_\_  
Other (Specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Church Service:** (Check appropriate boxes and provide dates of your involvement)

Usher: \_\_\_\_\_                      Choir: \_\_\_\_\_  
UMYF: \_\_\_\_\_                      Acolyte: \_\_\_\_\_  
Nursery Attendant: \_\_\_\_\_              Other (Specify) \_\_\_\_\_  
\_\_\_\_\_  
Have you held an office in any of the above? If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Activities – Church Related**

Please provide the activity and approximate times you participated in special church related activities such as the Bishop’s Initiative - Summer Camp Program, Senior Citizens Thanksgiving Dinner or host/hostess:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If additional space is needed for your responses, please use a blank sheet of paper.

The Willing Workers of Oxon Hill, Inc.  
Scholarship Committee  
Post Office Box 42  
Oxon Hill, MD 20745

**ACADEMIC ACHIEVEMENT**

**Please include an official sealed transcript.**

Student's Name: \_\_\_\_\_

School Name and Address: \_\_\_\_\_  
\_\_\_\_\_

**Please complete the following for the student named above and AFFIX SCHOOL SEAL/SCHOOL STAMP**

- The above named student is officially enrolled in the 2009/2010 academic year. Yes \_\_\_ No \_\_\_
- The student has a cumulative Grade Point Average of \_\_\_\_\_ .
- The student has an anticipated graduation date of \_\_\_\_\_.

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signed by: \_\_\_\_\_

School Counselor/ Administrator

**School Seal/School Stamp**

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

Phone: \_\_\_\_\_

## **INTERVIEW**

Each applicant will be advised of the time and place for the INTERVIEW portion of the application. NO FORMAL preparation will be necessary on the part of the applicant. The Selection Committee will be soliciting general information to help them identify the scholarship recipient/awardee.

At the time of the interview, each applicant is requested to furnish appropriate family financial data. This information is being requested to assist in determining financial need. All information furnished will be returned to the applicant at the completion of the interview process.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The selection committee reserves the right to verify all information contained in this application form.**