

SONS OF ALLEN
NINTH EPISCOPAL DISTRICT
AFRICAN METHODIST EPISCOPAL CHURCH
BROTHER LAMAR P. HIGGINS MEMORIAL SCHOLARSHIP APPLICATION

Full Name _____

Address _____

Telephone _____ Date of Birth _____

Email _____

PARENTS/GUARDIAN NAME

Mother _____

Father _____

Guardian _____

CHURCH MEMBERSHIP

Name of Church _____

Address _____

Pastor _____

Presiding Elder District _____ Conference _____

CHURCH PARTICIPATION

List church activities you are involved with on the Local, Presiding Elder District, Conference, Episcopal District and/or Connectional level in the church or community. If a community activity is listed, please provide a letter from the head of the activity describing the purpose of the activity and your affiliation/participation.

ACADEMIC BACKGROUND

Name and address of the High School, College, University or Trade/Technical School where you are currently enrolled.

Name of School _____

Address _____

Full-Time _____ Part Time _____ Current Year in Studies _____ Graduation Date _____

Major _____ Minor _____

Undeclared _____ Technical Pursuit/Trade _____

ACADEMIC PERFORMANCE

Honor Roll _____ Dean's List _____ Year _____

LEADERSHIP ROLES AND EXTRA CURRICULAR ACTIVITIES

Be certain that you have completed the entire application and attached all requested documents. Submit application and documents to either your local Sons of Allen Unit President or Pastor if no Unit President.

All signatures must be provided for the application to be processed.

REQUIRED SIGNATURES:

Applicant Date

Sons of Allen Unit President (If there is one) Date

Pastor Date

PE District Chapter Coordinator (Optional) Date

Conference Coordinator Date

Episcopal District Co-Coordinator Date

Please use additional sheets of paper if needed to complete a section. The section name must precede your answer.