2023 KITTRELL-ALLEN-ADAMS SCHOLARSHIP **APPLICATION**

Second Episcopal District AME Church

This scholarship is limited to students who are current members of an African Methodist Epsicopal Church in the 2nd Episcopal District seeking their first college degree.

Personal Information (Please print legibly or type)

This Application Kittrell Allen Adams Scholarship Application Tutorial - YouTube Please Review the You-Tube Video before Completing This Application

Name:	VIale	Female:	Date o	f Birth:		
Email:	Phone: Cell Pr		Phone: I	one: Home		
Current Mailing Address:	City:		•	State:	Zip Code:	
	ACADEMIC II	NFORMATION				
Name and address of college you are attending Fall 2023 First time and transfer students must include Letter of Accept	ance	Date of Enro	llment	Credit Hours	GPA on a 4-point	
Indicate your current Educational Status: High School Se	nior Colle	ge Student:	1 st	2 nd	3 rd 4 th year	
	CHURCH INI	FORMATION				
AME Church in which your are a member:		Location (City	and State):			
Name of Pastor: Church (attach additional page, if needed): If you are a college student, please indicate how you have meaning the community of the community	aintained your involve	·		·	ositions held in your home	
Name of your Annual Conference Baltimore	Washington FAMILY AND FINAR	NCIAL INFORMATION	Wes	stern North Carolina	North Carolina	
Father/Guardian: Mother/Guardian:		Phone:				
		n Whom do you live?	<u>Mo</u> 00- \$74,99	ther Fathe 9 \$75,000 -		
Are you currently employed? Yes No If	yes, please indicate	your monthly income.	Monthly I	ncome \$		

Scholarships	Grants / Work Study	Loans	
List all	pending financial aid for which you have a	applied.	
	ESSAY		
	. , ,	00 words) should provide information about you and uture goals and your involvement in the AME Church.	
	<u>REFERENCES</u>		
rrent Academic School Year Recommendations, both f	rom Nonrelatives.		
ne of your recommendations must be from your Past aracter and your involvement in church, community, o one numbers below.		·	
Name	Title	Phone Number	
	<u>TRANSCRIPT</u>		
ease request an official copy of your high school/colle	ge transcript to be mailed to the KAA Sch	nolarship Committee at the address below.	
	YOUR SIGNATURE		
ertify that I am a member of the African Methodist Epi	scopal Church and the information that I h	nave provided is correct.	
Signature of Applicant		<u>Date</u>	
_			
	<u> </u>		
PLEASE NOTE: It is the responsibility of the applicant to	ensure that the application is complete. Com	pleted applications must include the following:	
 Signed application (original signature) with al Autobiographical Essay written in first persor 	, ,	and financial aid information)	
3. Official Copy of High School or College Transc	cript in sealed envelope		
 Letter of Acceptance - first time and transfer 			

Return all materials: Gail P. Radcliff. 9285 Berry Road. Waldorf, MD 20603. (301870.8492) via regular mail. ONLY

Applicants not receiving a scholarship will be notified as the same time as the awarded.

second can be from a mentor, teacher, counselor, friend etc.) Recommendations must be signed.

Application must be postmarked by July 31, 2023. Incomplete and Late applications will not be considered.

(APPLICATIONS VIA EMAIL WILL NOT BE ACCEPTED)

FYI: Applications will be processed during the months of September and October. Checks will be distributed during the mouth of November.