



# PBMEDA Scholarship Ministry

Sis. Maxine Henagan, Ministry Leader

Rev. Dr. Rondall Leggett, Moderator

## Scholarship Application Package Contents:

- A. Scholarships Eligibility Requirements
- B. Scholarship Application
- C. Applicant Statement of Goals and Objectives
- D. Attachments:
  1. Copy of high school transcript
  2. Copy of college/vocational school Letter of Acceptance
  3. Three letters of recommendation

## Our Mission

- To exist to formulate and put into motion a Purpose Driven Program of financial, spiritual, informational, educational and inspirational assistance to students pursuing higher education.
- To provide member churches with information in regards to college tours, financial aid, S.A.T. preparation, grant funding and many other scholarships.
- To provide information that promotes and facilitates the ability to receive assistance in the pursuit for higher education.

## The Applicant Must:

1. Be a member in good and regular standing of a PBMEDA member church (confirmed by the registration staff).
2. Be a graduating high school senior with minimum grade point average of 2.5 (must attach a copy of your transcript).
3. Have an acceptable attendance record at school (confirmed by high school Attendance Office).
4. Present a Letter of Acceptance or Enrollment from an institution of higher learning (junior college, vocational/business school or a university).

5. Present three letters of recommendation:
- a. One from the church (written by the Pastor, Sunday School Teacher or Youth Director).
  - b. One from your high school (written by the principal, teacher or counselor).
  - c. One from the community (written by someone other than a family member).
6. Provide a typed, double spaced statement of his/her personal goals and objectives and how this scholarship will assist in attaining these goals (500 words or less).

Submit completed application and required attachments to:

PBMEDA Scholarship Ministry  
C/O Mrs. Maxine Henagan  
4000 Jenkins Way  
Richmond, CA 94806

Must Be Postmarked By May 20, 2022 or  
email to: [blessings3on3@sbcglobal.net](mailto:blessings3on3@sbcglobal.net)



**Check List:**

- Transcript
- Letter of Acceptance or Enrollment
- Church letter of recommendation
- High school letter of recommendation
- Community letter of recommendation
- Personal statement of goals and objectives
- Applicant signature & date
- Parent/Guardian signature & date



# PBMEDA Scholarship Ministry

Sister Maxine Henagan, Ministry Leader  
Dr. Rondall Leggett, Moderator  
(PLEASE PRINT CLEARLY)

1. Applicant Name : \_\_\_\_\_
2. Address: \_\_\_\_\_
3. City: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. E-mail: \_\_\_\_\_
5. Telephone: \_\_\_\_\_
6. Parent/Guardian: \_\_\_\_\_
7. Local Church: \_\_\_\_\_ Pastor: \_\_\_\_\_
8. Church auxiliaries and/or activities you participate in:\* \_\_\_\_\_  
\_\_\_\_\_
9. High school attended: \_\_\_\_\_
  - A. Address: \_\_\_\_\_
  - B. Grade Point Average (GPA): \_\_\_\_\_
  - C. Extra curricular activities:\* \_\_\_\_\_  
\_\_\_\_\_
10. What college, university or vocation/business school will you attend: \_\_\_\_\_  
\_\_\_\_\_
11. What is your major or course of study? \_\_\_\_\_

**I declare that all information is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Upon review and validation of information received, the Scholarship Committee will contact the applicant.**

\* If more space is needed, attach a separate sheet of paper.



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Applicant Name : \_\_\_\_\_

**Personal Goals and Objectives:**

How this scholarship will help me attain my personal goals and objectives (500 words or less).