

The Elizabeth Ann Ford Memorial
Scholarship Fund

Scholarship Information

Requirements needed for consideration: (1) Current/Official transcript; (2) Copy of Acceptance Letter from College/University applicant plans to attend; (3) Letter of Recommendation from Pastor or Community Service Leader; (4) Letter of Recommendation from a Teacher; (5) Three hundred (300) word essay indicating “Who has been the most influential person in your life and why”; (6) Deadline for the submission of all previous mentioned information will be May 16th of each calendar year. Late and/or incomplete applications will not be considered. All information must be submitted and completed no later than 6:00p.m.

Applicant must be a current member of The Living Word Christian Ministries for one year and submit verification of participation in a TLWCM ministry for one year.

Applicants can only apply for one scholarship.

Applicant can be no older than 22 years of age.

Applicant must be present on Scholarship Sunday and register with the Scholarship Ministries Director no later than 11am.

All essays must be typed and double-spaced, using 12pt. font size.

Students may reapply for select scholarships yearly upon maintenance of a “B” Grade Point Average or better.

If applicants are equal in all the before mentioned qualifications, certain other requirements will be taken into consideration, such as the applicants grade point average, as well as, amount of time participating in community service.

The committee that will select the recipient of this Scholarship Award will include Pastor Michael J. Carter, Elder Cynthia T. Carter, Mia' Carter-Matthews and Kimberly Carter-Matthews.

Date _____ Month _____ Year _____

The Living Word Christian Ministries
2224 Old Washington Road
Waldorf, Maryland 20601
Pastor Michael J. Carter

Verification of Ministry Participation

Dear Administrator: A member of your ministry is applying for The Elizabeth Ann Ford Memorial Scholarship/Award and needs your assistance as described below. Please provide the information requested and return the completed form to the Scholarship Director. Thank you for our input. It is a vital part of the application process.

Please Print

Name: _____
Last First Middle Initial

Address: _____ City _____ State _____ Zip _____

Phone: Day _____ Evening _____

This information is being provided on behalf of the _____ Ministry.

Number of year's applicant has participated in this Ministry: _____

Leadership position(s) the applicant has served in this Ministry: _____

Level of Participation _____ Poor _____ Average _____ Above Average _____ Excellent

Additional Comments:

Administrator's Signature: _____ *Date:* _____
(Must be signed by Administrator)