

The Deacons' Conference of Richmond and Vicinity

Since 1902

National Theme: "Getting Back to Basics – Blooming Where We Are Planted"

Matthew 13:23

Criteria for Scholarship Application

2025

1. The Scholarship Committee shall give first consideration to the members of the Youth Department of the Deacons' Conference of Richmond and Vicinity and Women's Auxiliary, after which other youths of the Richmond area may apply to be considered.
2. Be within a graduation year from a local high school.
3. Have an overall scholastic average of "C" or above.
4. Be an active participant in at least one [1] extracurricular activity, if the school offers these programs.
5. Be an active participant in at least one [1] community activity, such as Church, Scouts, Youth groups...etc.
6. Show a need for financial assistance.
7. Exhibit good moral character and integrity.
8. Possess good citizenship characteristics.
9. **Only completed applications will be considered.**

All completed applications must be received by the Conference not later than.

May 15, 2025

DEACONS' CONFERENCE of RICHMOND and VICINITY

Application for Scholarship

PLEASE PRINT OR TYPE. ALL INFORMATION MUST BE COMPLETED.

Name _____ S.S. # ____/____/_____
Last First Middle

Home Address _____
City State Zip

Phone ____ (____) _____ Date of Birth: Month _____ Day _____ Year _____

Highlight/Denote the Custodial Parent's Information with an asterisk. *

Parents' Names: Father _____ Mother _____

Parents' Occupations: Father _____ Mother _____

Income of Both Parents: Father _____ Mother _____

Number of Other Children in the Family: _____

Name and Address of High School: _____

Address: _____ City/State: _____ Zip: _____

Grade Point Average _____ Curriculum Followed _____

Extracurricular Activities: _____

Graduation Date: _____

Name and Location of Church: _____

Address: _____ City/State: _____ Zip: _____

CHURCH RELATED ACTIVITIES/COMMUNITY SERVICE: _____

College You Plan to Attend: _____

Address: _____ City/State: _____ Zip: _____

ACCREDITED: YES ____ NO ____

HAVE YOU COMPLETED AN APPLICATION? _____ HAVE YOU BEEN ACCEPTED? _____

MAJOR: _____ MINOR: _____

TWO-YEAR OR FOUR-YEAR PROGRAM? _____

WILL YOU RECEIVE FINANCIAL AID FROM THE COLLEGE OR OTHER SOURCE? YES ____ NO ____

IF SO, GIVE THE NAME/TYPE AND AMOUNT OF AID TO BE RECEIVED:

_____ \$ _____
_____ \$ _____
_____ \$ _____

PLEASE ATTACH A BRIEF STATEMENT OF YOUR PHILOSOPHY OF LIFE INCLUDING YOUR REASONS FOR FURTHERING YOUR EDUCATION.

DATE APPLICATION COMPLETED _____

APPLICANT'S SIGNATURE _____

TO BE COMPLETED BY SCHOOL OFFICIAL ONLY

Date: student will graduate: _____ Overall scholastic average: _____

Brief statement of student's character, integrity, citizenship and other information that may be helpful in determining applicant's need for scholarship: _____

You may attach a separate sheet if needed. If you have any questions, please contact the Scholarship Chairman, Deacon Margery Houston at (804) 437-4008.

Signature _____ Title _____ Date _____

Deadline May 15, 2025 (Before Awards Day at Your School)

Remit to: Deacon Margery Houston
1700 Littleton Blvd
Henrico, VA 23228-2344
Email: <hmargery50@yahoo.com>

GPA (If already attending) _____

Type of enrollment: (check all that apply)

_____ College/ University (4 yr)

_____ Community College

_____ Other, explain: _____

Essay:

High School students must submit an essay on the topics listed below.

Topics:

How this scholarship would help you reach your academic aspirations.

SECTION III CHURCH AFFILIATION:

Name of Home Church: _____

Name of Pastor: _____

Home Church Address: _____

Home Church Phone: _____

Date of Membership, if known: _____

Attach any additional required documentation.

- High school transcript with final cumulative grade point average.
 - College transcript showing grades if already enrolled.
 - Enrollment verification form or letter from the institution of higher education that you plan to attend.
-

By signing below, I am declaring that all of the above-mentioned information is true.

Signature of Applicant:

Date:

GPA (If already attending) _____

Type of enrollment: (check all that apply)

_____ College/ University (4 yr)

_____ Community College

_____ Other, explain: _____

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