

# 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**

**2024**

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 22, 2024**

Return Applications to Fifth Baptist Church Office No Later than May 17, 2024  
[fifthbc@mail.com](mailto:fifthbc@mail.com)

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 17, 2024

Remit to: Deacon Margery Houston  
1700 Littleton Blvd  
Henrico, VA 23228  
Email: <marhouston121@gmail.com>