

2021 Paul S. Morton Scholarship Application (Revised)

Approximate time to complete in one setting: 1 hour

It is highly recommended that you download the sample files of the application and the recommendation forms prior to completing this form. You can save your responses along the way. The application will not be sent to us for evaluation until you complete all required fields (those marked with the red *)

To reach the application, all applicants must complete a pre-qualification form before getting to the application. Throughout the process, you have the option to **Save** your application. You will be sent a link to return to complete and submit. Any incomplete application at the end of the open period will not be considered for evaluation. When completed, you can **Print Application**. Finally press the **Submit Application** button at the end to complete your application.

I. Personal Information

Applicant Name *

Prefix (Ms., or Mr)
First Name
Last Name
Suffix

Date of Birth *

Enter your birth-date in the mm/dd/yyyy format

Email address *

email@example.com

Cell Phone Number *

Enter you cell number in the format of (xxx) xxx-xxx

Home Address *

Street Address
Street Address Line 2 (optional)
City
State, Province, Zip Code

Church Name *

Provide the name of the church where you are a member.

Limit: 15 words

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Pastor Name *

Provide the name of your pastor (OK to include title)

Affiliate of Full Gospel Baptist Church Fellowship *

- Yes
- No
- Not Sure

Is your Church affiliated with the Full Gospel Baptist Church Fellowship, Int.

Ministries Involved in your Church *

Limit 100 Word

Please list the ministries you are involved with and describe your role within each ministry.

II. Parental/Legal Guardian Contact Information

Parent Name *

Prefix (Mr./Ms.)
First Name
Last Name

Relationship to Applicant *

- Mother
- Father
- Grandparent
- Legal Guardian
- Other

Parent Phone Number *

Parental/Guardian Phone Number (cell preferred). Use the format (xxx) xxx-xxxx

Parent Email Address *

email@example.com

Parental Address Same as Applicant *

- Yes
- No

Parent Address if Different*

Address
Address Line 2 (optional)
City
State, Province, or Region Zip or Postal Code

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III. High School and Academic Information

High School Name *

Limit 75 characters

School Address *

Address

Address Line 2 (optional)

City, State, Zip Code

School Phone Number *

Use the format (xxx) xxx-xxxx

Cumulative Grade Point Average (GPA range) *

A. 4.0 or higher

B. 3.5 to 3.999

C. 3.0 to 3.499

D. 2.5 to 2.999

E. 2.499 or less

Select the range that best represents your Cumulative Grade Point Average. For instance if your GPA is 2.9 you would select option D; if it is 3.995 you would select option B. To be considered for this scholarship the **minimum GPA must be 2.5**

College Admission Test Scores *

ACT

SAT

Both

Neither (please explain)

ACT score *

Only values from 1 to 36 are accepted

SAT score *

Only values from 400 to 1600 are accepted

Explain - No ACT or SAT score submitted *

Limit: 150 characters

Please explain why neither an ACT nor SAT score is submitted.

IV. Academic Awards/Honors, Services and Extra Curricular Activities

Academic Awards, Honors Recognitions *

Limit: 200 words

Please list all academic awards, honors and recognitions, etc. received between 9th grade and now

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Community Service Activities *

Limit: 200 words

List all Community Service activities. Include name of Organization, dates of service, and leadership positions. Must include the organization you are requesting to submit your Community Service verification recommendation.

Extra-Curricular Activities *

Limit: 200 words

Please list extra-curricular activities you have participated in since 9th grade, such as clubs, student organizations, sports, etc. Include year of participation and any leadership positions held.

Employment Experience *

Limit: 200 words

List any employment experience held beginning 9th grade forward. Include place of employment, dates of employment and position held. Input NA if not applicable.

V. Post-Secondary School and Goals

1st Choice of College/University Accepted *

Limit: 75 characters

List your first choice of College or University to which you have been accepted. This should correspond to the College Acceptance Letter you will submit later.

Intended Major *

Limit: 200 characters

List your choice(s) of your intended major. If you are unsure at this point, list UNDECIDED.

Other Colleges/Universities

Limit: 200 characters

List up to 3 additional colleges/universities you are considering as optional choices. If none, enter NA

Educational Goal *

Limit: 200 words

What are your overall educational goals? What do you want to accomplish while in college?

Plans after College (post-educational goals) *

Limit: 200 words

What do you want to do or become after completing your college education? Be specific.

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VI. Personal Statement

Limit: 2000 words

This essay provides a snapshot of you the applicant. Please use this essay to provide further information about yourself that displays the qualities to be a recipient of the Paul S. Morton scholarship, and specifically **how receiving this scholarship will help you accomplish your educational and post-educational goals.**

NOTE: Consider composing your essay in another application and pasting into this space.

VII. Attachments

1. FAFSA Form Upload *

(pdf format only)

Please upload either of the latest of your FAFSA or SAR form/report.

2. SAT and/or ACT scores *

(up to 2 files max, pdf preferred)

Note: if you submitted your test scores earlier, this option will appear and you must submit your score sheet(s). High School Transcript (provided by you or counselor/teacher) *

3. Official Transcript *

- I will provide a copy of my transcript
- I will ask my counselor/teacher to provide

If “I will provide”, you must upload the transcript. Acceptable file types: .pdf, .gif, .jpg, .jpeg, .png, .doc, .docx

4. College Acceptance Letter (pdf preferred) *

Attach a copy of your acceptance letter from the college/university that you indicated was your number one choice above. Your name, the school name and the admission year must be plainly visible.

VII. Recommendations Request Information

You are required to submit the names and email addresses of the people who will provide your letters of recommendation. Please visit the website <https://psmsf.org/scholarships> and download a copy of the draft recommendation forms to give to the people you want to submit your recommendations.

Recommendations are required from:

A. Your high school teacher or counselor

B. Community Service Organization (must be a person associated with the organization you indicated that you provided community service with)

C. Church Leader (must be from your church where you indicated membership is held)

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After providing the requested information, be sure to inform each recipient to expect an email from the Foundation. This is highly recommended especially if you are asking the teacher/counselor to submit your transcript.

1. Teacher/Counselor Name *

First Name

Last Name

1. Teacher/Counselor Email Address *

Enter the email address of the person you'd like to serve as a reference.

1. Teacher/Counselor Telephone # *

2. Name of Community Service Organization *

2. Community Service Contact Name *

First Name

Last Name

Provide the name of the person within the organization who will provide your community service verification.

2. Community Service Contact Email *

2. Community Service Contact's Telephone # *Reference Email Address

3. Church Leader's Name *

First Name

Last Name

Provide the first and last name of your church leader who is providing your recommendation related to your church involvement. **This person must be a member of the church you indicated that you have membership.**

3. Church Leader's Email *

3. Church Leader's Telephone # *

IX. Certification

Validation*

✓ rCAPTCHA