2021 Paul S. Morton Scholarship Application

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 *) and press the Submit button at the end of the application.

Your Home State *
- o   Georgia
- o   Louisiana

I. Personal Information

Applicant Name *

First Name

Last Name

Gender *
- o   Male
- o   Female

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 *

Country

Select...

Address

Address Line 2 (optional)

City

State, Province, or Region Zip or Postal Code

Church Name *   **Limit: 15 words**

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

2021 Paul S. Morton Scholarship Application

Pastor Name *   **Limit: 10 words**

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

Full Gospel Baptist Church Fellowship Affiliate *
- o   Yes
- o   No
- o   Not Sure

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

II. Parental/Guardian Information

Parent/Guardian Name *

   First Name
   Last Name

Relationship to Applicant *
- o   Mother
- o   Father
- o   Grandparent
- o   Legal Guardian

Parent/Guardian Phone Number *

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

Parent/Guardian Email Address *

   email@example.com

Parental/Guardian Address Same as Applicant *
- o   Yes
- o   No

Parent/Guardian Different Address *

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

III. High School and Academic Information

High School Name *   **Limit 25 words**

School Full Address *

   Country

Select...
Address
Address Line 2 (optional)
City
State, Province, or Region Zip or Postal 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 (select all that apply) *
- ✓ ACT
- ✓ SAT
- ✓ Neither (please explain)

ACT score *****
Only values from 0 to 36 are accepted

SAT score *****
Only values from 0 to 1600 are accepted

Explain - No ACT or SAT score submitted *****   **Limit: 100 words**
Please explain why neither an ACT nor SAT score is submitted.

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

Awards and Honors *   **Limit: 300 words**
Please list all academic awards, honors and recognitions, etc. received between 9th grade and now

Community Service Activities *   **Limit: 300 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: 300 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: 300 words**

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

V. Post-Secondary School and Goals

1st Choice of College/University Accepted *   **Limit: 25 words**

> 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: 100 words**

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

Other Colleges/Universities Considering *   **Limit: 150 words**

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

Educational Goal *   **Limit: 300 words**

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

Plans after College (post-educational goals) *   **Limit: 300 words**

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

VI. Personal Statement

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. Essay limited to **1000 words.**

VII. Financial Needs Document

FAFSA Form Upload (pdf format only) *****
>   Please upload either of the latest of your FAFSA or SAR form/report.

VIII. Document Uploads

Aside from the FAFSA form, applicants must submit three (3) additional documents. Use the space below to submit the following (pdf documents preferred).
a) Official transcript of coursework completed through first semester of senior year of high school (option to have counselor/teacher provide)

b) ACT and/or SAT score sheet

c) College Acceptance Letter

a) High School Transcript (provided by you or counselor/teacher) *****
- o   I will provide a copy of my transcript
- o   I will ask my counselor/teacher (recommendation below) to provide my transcript)

Indicate that you are either providing your high school transcript or that you are requesting your Teacher/Counselor to submit it as part of your recommendation.
NOTE: Acceptable file types: .pdf, .gif, .jpg, .jpeg, .png

b) SAT or ACT score sheet submitted (up to 2 files max, pdf preferred) *****
- o   Yes, I am attaching
- o   No, I will not be attaching based on explanation above
    Note: if Yes, please attach a copy of either of both of your ACT and/or SAT score sheet. The score shown on the form must agree what you indicated above was your ACT and/or SAT score.

c) 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.

IX. Recommendations

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)

After providing the requested information, be sure to press the "Send Request Now" button to send the requests. You may optionally include a message to each recipient. This is highly recommended especially if you are asking the teacher/counselor to submit your transcript.

Sending a reference request will not submit this form. You may send your reference request at anytime, otherwise it will be sent automatically when you submit this form.

A. High School Teacher/Counselor Name *
    First Name
    Last Name

A. High School Teacher/Counselor Reference Request
Send Request to:
Reference Email Address
    Enter the email address of the person you'd like to serve as a reference.

Add Personal Message (optional)

B. Community Service Reference (name of person providing the recommendation) *
    First Name
    Last Name
Provide the name of the person within the organization who will provide your community service verification.

B. Community Service Organization Name *
Name of the organization where you performed your community service and you are requesting this verification.

B. Community Service Verification Reference Request *
Reference Email Address
      Enter the email address of the person you would like to serve as a reference.
Add Personal Message (optional)

C. Church Leader 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.**

C. Church Leader Title *
Provide the title of your Church Leader who you are asking to submit your recommendation.
                                             Limit: 100 characters

C. Church Leader Reference Request *
Reference Email Address
      Enter the email address of the person you would like to serve as a reference.
Add Personal Message (optional)

Certification*
   ✓ I acknowledge that the information I have provided in this application is all true.