# Mother Isabell Brooks Ford Scholarship DEADLINE FILING DATE: July 17, 2015

**Submit to:** The Mother Isabell Brooks Ford Scholarship Committee Dr. Twila Lindsay, Chairperson

lindsaytwila@outlook.com

The Mother Isabell Brooks Ford Memorial Scholarship fund has been established to award scholarships to graduating high school seniors who desire to pursue higher education. Mother Isabell B. Ford was the founder of the National Youth For Christ, Inc. of the Way of the Cross Church of Christ, Int'l. She had a genuine love for young people and always encouraged them to pursue their educational goals and exercise their talents and spiritual gifts. There is no better way to uphold the standards Mother Ford instilled in this organization than to have someone pursue educational goals in her honor.

#### **Scholarship Applicant Requirements:**

#### The applicant must:

- 1. be active member of The Way of the Cross Church of Christ Int'l for at least one year.
- 2. be accepted at an accredited institution.
- 3. have a minimum grade point average (GPA) of 3.0.
- 4. enrolling as a full-time student according to the school's standards for the program for which you are enrolled.

**The Mother Isabell Brooks Ford Scholarship Committee** will review and evaluate all applications. The committee will strongly consider:

- 1. church involvement.
- 2. community involvement.
- 3. academic grade point average (GPA).
- 4. recommendation letters.
- 5. the essay. Essay entries will be judged on content, organization, originality, clarity, grammar and spelling.
- 6. Letters of recommendation. Three recommendation forms are enclosed. One recommendation must be from your pastor.

Scholarships will be awarded at The Way of the Cross Church of Christ, Int'l. Convocation, August 2014.

Scholarship checks will be payable and mailed to the recipient's college or university. No checks will be sent to the recipient.

Name			
explained in the <b>Scholarshi</b> college/university. I affirm t	<b>p Applicant Requirements</b> . I hat the completed application, i	the conditions of the scholarship affirm that I plan to attend a including the essay is my own wo e to the best of my knowledge and	ork. I
Last Name (Print/Type)	First Name	M.I.	
Signature			
Address – number, street, an	nd apartment number		-
City	State	Zip Code	-
E-Mail Address			
Phone Numbers: (H)	(C)		
Name of your local church			
Pastor:			
School:			
Name of College/University	you will be attending:		
Current CPA			

Name	
1.	List high school activities.
2.	List church and community activities. Do not repeat items listed previously.
3.	List awards, scholarships or special recognitions you have received.
4.	What are your career goals?

Name			

Essay entries will be judged on content, organization, originality, clarity, grammar and spelling.

In approximately 500 words discuss how and why you became interested in your chosen field of study. Include why you are a good candidate for this scholarship. (Your essay should be typed, double-spaced on 8½ x 11 inch paper)

Your completed application, essay, proof of GPA (final grade report or transcript) and three letters of recommendation should be must be received by **July 17, 2015**. You may email your application to Dr. Twila Lindsay at <a href="mailto:lindsaytwila@outlook.com">lindsaytwila@outlook.com</a> or mail your application package to:

Dr. Twila Lindsay Chairperson, NYFC Scholarship Committee 4536 5<sup>th</sup> St., N.W. Washington, DC 20011

Name
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Scholarship Applicant's Name:
Name of person making recommendation:
Address:
City, State, Zip code:
Telephone number:
How long have you known the applicant?
In what capacity?
From your observations and knowledge please rate the applicant by circling the

From your observations and knowledge, please rate the applicant by circling the appropriate number.

Criteria	Outstanding	Excellent	Fair	Poor	Not Recommended
Character	5	4	3	2	1
Leadership/Organizational Skills	5	4	3	2	1
Dependability	5	4	3	2	1
Potential for Academic Success	5	4	3	2	1

Additional Comments:		

Name
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Mother Isa	bell Ford	l Schola	ırship-Recommen	dation Form
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Scholarship Applicant's Name:
Name of person making recommendation:
Address:
City, State, Zip code:
Telephone number:
How long have you known the applicant?
In what capacity?

From your observations and knowledge, please rate the applicant by circling the appropriate number.

Criteria	Outstanding	Excellent	Fair	Poor	Not Recommended
Character	5	4	3	2	1
Leadership/Organizational Skills	5	4	3	2	1
Dependability	5	4	3	2	1
Potential for Academic Success	5	4	3	2	1

Additional Comments:		

Name				

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Additional Comments:	