



OREY-SPANN SCHOLARSHIP

APPLICATION

United Baptist Church
2930 Highway 468
Pearl, Mississippi 39208

Pastor Rev. Dr. Jonathan T. Phillips, Jr.
601-664-3800

Email: unitedmbchurch@bellsouth.net
website: www.unitedbaptistms.org



United Baptist Church

BUILDING MAN, ADVANCING THE KINGDOM

“Instruction ends in the schoolroom, but education ends only with life.”

Fredrick W. Robertson

United Baptist Church supports education and believes it is a lifelong learning process that prepares individuals in becoming independent, successful professionals. In doing so, we offer you the Orey-Spann Scholarship to share in the enhancement of education.

The following information must be provided to process your Scholarship Application:

- GPA of at least 3.0
(provide official transcript)
- Application (see attached)
- Provide 2 references (see attached forms)
1 personal (i.e. pastor, friend)
1 professional (i.e. teacher, counselor, employer)
- Written essay of at least 300 words (see attached form)
- College Acceptance Letter
- Activities Chart (see attached)

Please return completed application to:

United Baptist Church
c/o Annie Adams
2930 Highway 468
Pearl MS 39208

You may also return application by email, unitedmbchurch@bellsouth.net.

Application packet must be postmarked or emailed by April 20, 2018.

Scholarship Award recipient will be named and recognized at the Orey-Spann Scholarship Banquet on Saturday, May, 19, 2018. Recipient must be present. The award will be forwarded to the school that you will be attending in the summer/fall semester.



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Orey-Spann Scholarship Application

Name _____

Address _____

City/State/Zip _____ Phone _____

High School you are attending _____

Graduation date _____

Circle the term and year you expect to start at your college/university choice:

Summer Fall Year _____

Cumulative High School GPA _____

Please write a statement discussing your educational and career goals:

Please describe why receiving a scholarship is important to you:

Signature _____ Date _____

ACTIVITIES CHART

Name _____

	Dates From -To	Total Hours Spent Per Month	Responsibility/ Accomplishments
School/Family/ Community Activities			
Volunteer Service			
Work for Pay			

Photocopy and attach additional sheets if necessary



Scholarship Recommendation

TO BE COMPLETED BY STUDENT:

Name _____

Address _____

This completed form is due by _____ Please return by _____

TO BE COMPLETED BY PERSON MAKING RECOMMENDATION:

Length of time you have known applicant: Years _____ Months _____

In what capacity do you know applicant (i.e. teacher, advisor, employer, etc.)? _____

We are seeking information about qualities related to the applicant's potential for success in the career world. Please rate the candidate below and make any additional comments you desire.

Check Appropriate column for each item below	Superior	Above Average	Average	Fair	Poor	Unable to Judge
Ability to Present Ideas						
Work Habits						
Leadership						
Enthusiasm						
Cooperation						
Resourcefulness						
Initiative						
Dependability						
Adaptability						
Potential for Success						

Comments _____

Recommendation Completed by:

Name Signature Date

Title Employer

Please return this form with you completed application



Scholarship Recommendation

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Name _____

Address _____

This completed form is due by _____ Please return by _____

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Comments _____

Recommendation Completed by:

Name Signature Date

Title Employer

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