

The Living Word Christian Ministries

Pastor Michael J. Carter

Scholarship Information

Requirements needed for consideration: (1) Current/Official transcript; (2) Copy of Acceptance Letter from College/University applicant plans to attend; (3) Letter of Recommendation from Pastor or Community Service Leader; (4) Letter of Recommendation from a Teacher; (5) Three hundred (300) word essay indicating “What Legacy would you like to leave to your Family and Community”; (6) Deadline for the submission of all previous mentioned information will be May 16th of each calendar year. Late and/or incomplete applications cannot be considered. All information must be submitted and completed no later than 6:00p.m.

Applicant must be a current member of The Living Word Christian Ministries for one year and submit verification of participation in a TLWCM ministry for one year.

Applicants can only apply for one scholarship.

Applicant can be no older than 22 years of age.

Applicant must be present on Scholarship Sunday and register with the Scholarship Ministries Director no later than 11am.

All essays must be typed and double-spaced, using 12pt. font size.

Students may reapply for select scholarships yearly upon maintenance of a “B” Grade Point Average or better.

If applicants are equal in all the before mentioned qualifications, certain other requirements will be taken into consideration, such as the applicants record and the applicant's parents record, as well as the financial need.

Date _____ Month _____ Year _____

The Living Word Christian Ministries
2224 Old Washington Road
Waldorf, Maryland 20601
Pastor Michael J. Carter

Verification of Ministry Participation

Dear Administrator: A member of your ministry is applying for The Living Word Christian Ministries Scholarship/Award and needs your assistance as described below. Please provide the information requested and return the completed form to the Scholarship Director. Thank you for our input. It is a vital part of the application process.

Please Print

Name: _____
Last First Middle Initial

Address: _____ City _____ State _____ Zip _____

Phone: Day _____ Evening _____

This information is being provided on behalf of the _____ Ministry.

Number of years applicant has participated in this Ministry: _____

Leadership position(s) the applicant has served in this Ministry: _____

Level of Participation ___ Poor ___ Average ___ Above Average ___ Excellent

Additional Comments:

Administrator's Signature: _____ Date: _____
(Must be signed by Administrator)