



"An Open Door To Success"

PAUL S. MORTON SCHOLARSHIP FOUNDATION

TO THE APPLICANT:

This packet is designed to provide the Selection Committee with the necessary information for you to apply for the Paul S. Morton, Sr. Scholarship. Careful consideration and particular attention to deadlines and requirements should simplify the acceptance process for you.

Before you begin the task of filling out lengthy forms, it is important that you know more about the acceptance process. The Selection Committee evaluates and makes decisions on the applications. At least five committee members will read and evaluate your application. The final decision is made by the Board of Directors of the Paul S. Morton Scholarship Foundation. Although it is by no means a perfect process, ours is a very careful, conscientious and personal one.

The committee members are interested in both your academic and nonacademic qualifications, as assessed through your high school record, test scores, application, recommendations and personal interview. Put very simply, we seek a diverse group of people, composed of academically talented students who will benefit from the Paul S. Morton, Sr. Scholarship and contribute to the community.

We leave you with two thoughts as you fill out the application: (1) the committee members are interested in learning more about you, not about the person you may picture as the ideal candidate; (2) an honest, open and well-written application is appreciated. We hope you will enjoy the application process. You may learn as much about yourself by answering these questions as we learn about you by asking them.

If we can be of any assistance to you during this process, please let us know.

The Selection Committee



Paul S. Morton Scholarship Foundation

The Paul S. Morton Scholarship Foundation is a non-profit corporation established solely to encourage and advance educational opportunities for students who have demonstrated academic excellence. The Foundation shall award scholarships to eligible students in the sum of five thousand (\$5,000.00) dollars prorated throughout a four-year specific program of study. Any student interested in applying must submit an application on or by the deadline, Sunday, June 14, 2009. Applications may be obtained from Changing a Generation Full Gospel Baptist Church, 4185 Snapfinger Woods Drive, Decatur, Georgia, 30035, Tuesday through Friday and Sunday, at the Welcome Desk.

ELIGIBILITY REQUIREMENTS:

1. Academic Achievement (GPA -minimum 2.5)
2. ACT or SAT Scores
3. Extracurricular Involvement and/or Leadership
4. Volunteer and/or Community Service
5. Essay
6. Active Church Participation (Sunday School, Bible Study, Youth Ministry...)
7. High School Counselor's Recommendation
8. Letter of acceptance from a University, College, Vocational or Trade School
9. Demonstrated Financial Need.
10. Student must be an Entering Freshman/First Year

In addition to the eligibility requirements listed above, this scholarship application is only open to students who are residents of the state of Georgia and citizens of the United States of America.

Remember, all applications must be returned and/or postmarked no later than

SUNDAY, JUNE 14, 2009

Applications and recommendations should be addressed and mailed to:

Paul S. Morton Scholarship Foundation
ATTN: Scholarship Selection Committee
Changing A Generation Full Gospel Baptist Church - Atlanta
P.O. Box 33739
Decatur, Georgia 30033-0739



Paul S. Morton Scholarship Foundation

INFORMATION AND SPECIAL INSTRUCTIONS FOR ALL APPLICANTS

Eligibility

You will be considered a freshman applicant if you have completed high school before the end of the current academic year and/or have taken less than three college-level courses. Official transcripts of all academic work undertaken are a required part of the application; or therefore, students may not reduce their academic credits in order to qualify as freshman applicants.

Confidentiality

Your application file is viewed only by the members of the Selection Committee, each of whom is instructed to maintain strict confidentiality.

Personal Interview

An interview is an important part of the selection process. The top applicants will be invited to interview with members of the Selection Committee before a recommendation is made to the Board of Directors of the Paul S. Morton Scholarship Foundation. The interview requirement is met in the following ways:

1. *Notification of appointment date and time*
2. *Onsite interviews - (to be announced)*
3. *Interviews are conducted by the Selection Committee*

If you have questions, please call Changing A Generation Ministries at (404) 284-8865.



Paul S. Morton Scholarship Foundation

P.O. Box 33739 Decatur, Georgia 30033-0739

CHECK LIST

When completing credentials for acceptance, please include the following forms below.
This list must be used to check off application materials.

- Application (POSTMARKED BY JUNE 14, 2009)*
- Counselor Recommendation*
- Official Transcript*
- ACT or SAT Scores (Please submit a copy)*
- Essay*
- Financial Assessment*
- Letter of Acceptance (College, University, etc.)*

DEADLINE: Sunday, June 14, 2009

I certify that the information provided on this application is accurate and complete. I acknowledge that any omission or inaccurate information could jeopardize my standing with the Foundation.

I further certify that I will, if accepted, abide by and support the Paul S. Morton Scholarship Foundation Honor System.

Signature _____

Date _____

**PLEASE RETURN THIS SHEET
WITH YOUR APPLICATION**



Paul S. Morton Scholarship Foundation

Bishop Paul S. Morton, Founder
P.O. Box 33739 Decatur, Georgia 30033-0739
Website: www.psmsf.org

2009 SCHOLARSHIP APPLICATION

All applicants for freshman admission must complete the information listed below. Forms may be sent when completed. You must collect all items **before mailing application to: Paul S. Morton, Sr. Scholarship Foundation, Changing A Generation Full Gospel Baptist Church, P.O. Box 33739, Decatur, GA 30033-0739.**

Please print or type:

1. NAME _____
Last Name First Name Middle Name

2. Mailing Address _____
Number Street /P.O. Box City State Zip Code

3. Permanent Address _____
**If different from mailing address* Number Street City State Zip Code

4. Telephone Number (_____) _____ - _____ 5. Single Married

6. Date of Birth ____/____/____ 7. Social Security Number _____ - _____ - _____

8. Please indicate your predominant ethnic background(s): African-American Native American
 Asian-American Mexican-American Spanish Caucasian Other

9. Place of Birth _____
County City State

10. Father/Guardian _____
Last Name First Name Middle Initial

a. Place of Birth _____
County City State

b. Place of Residence _____
(if different from student) Number Street City State Zip Code

11. Mother/Guardian _____
Last Name First Name Middle Initial

a. Place of Birth _____
County City State

b. Place of Residence _____
(if different from student) Number Street City State Zip Code

12. List in chronological order, beginning with the most recent, all high schools you have attended. On a separate sheet, please account for any periods (except summer) you were not in school.

SCHOOL NAME	CITY	STATE	DATES OF ATTENDANCE	DATE OF GRADUATION

13. Please provide the following information:

- Counselor’s Recommendation
- Official transcript with cumulative Grade Point Average (GPA - sent by counselor)
- Copy of ACT or SAT Scores Report

14. Please list the names of the Universities/Colleges/Schools to which you are applying:

SCHOOL NAME	CITY	STATE	ACCEPTED YES	ACCEPTED NO

15. Briefly describe any scholastic distinctions or honors you have received since the ninth grade.

16. **ESSAY** - We would like to get to know you as well as possible. On a separate sheet of paper, in three (3) or more paragraphs and no more than 300 words, tell us something you would like us to know about yourself that was not included on this application.

PLEASE DO NOT PLACE YOUR NAME ON THE ESSAY PAGE(S).

17. Considering these attributes, please check the single most appropriate box.

Types of Activities	Grade level or year of participation				Approximate # of weeks per year involved	Positions held or honors received
	9th	10th	11th	12th		
Co-Curricular or Community/Volunteer						

18. Name of your church _____

Address _____
Number Street City State Zip Code

Pastor's Name _____ Telephone Number (____) _____ - _____

Number of years _____ Denomination _____ Duplex # _____

19. Please indicate **ALL** the areas in which you are involved in your church.

a. Church Involvement	<u>Regular</u>	<u>Occasional</u>	<u>Seldom</u>	<u>Regular</u>	<u>Occasional</u>	<u>Seldom</u>	Positions Held
Sunday School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Weekly Bible Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Youth Ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Verification Signature of Pastor/Superintendent/Youth Director:

Signature Title Telephone Number

Applicant Signature _____ **Date** ____/____/____

Please attach a photograph (wallet size is appropriate) of the applicant.



Paul S. Morton Scholarship Foundation

FINANCIAL AID ASSESSMENT FORM

PART 1: Gross Income

1. Father's/Guardian's Income \$ _____
Mother's/Guardians' Income \$ _____

Records you will need: (Please include copies)

- 2008 U.S. Income Tax Return (IRS Form 1040, 1040A or 1040EZ)
- 2008 State and Local Income Tax Return
- W-2 Forms and other records of money earned in 2008.

2. Number of dependents _____
3. Expected Family Contributions \$ _____
4. Other sources of income \$ _____
5. **SELF** \$ _____

Records you will need: (Please include copies)

- 2008 U.S. Income Tax Return (IRS Form 1040, 1040A or 1040EX)
- 2008 State and Local Income Tax Return
- W-2 Forms and other records of money earned in 2008.

- Grant(s) 1. _____ 2. _____
- Loan(s) 1. _____ 2. _____
- Scholarship(s) 1. _____ 2. _____

Part II: Current Mortgage Information

Value of Home \$ _____ Own Rent

Part III: Records of untaxed Income

1. **Welfare** _____
2. **Social Security** _____
3. **Veterans Benefits** _____

Part IV: Student Current Bank Statement(s)

Checking \$ _____ Savings \$ _____



Paul S. Morton Scholarship Foundation

Scholarship Selection Committee
P.O. Box 33739, Decatur, Georgia 30033-0739

COUNSELOR RECOMMENDATION FORM

To The Applicant:

Please complete this section ONLY. After signing, please deliver the form to your counselor. Your signature will serve as an authorization to your high school for release of information.

Student's Name _____ Social Security Number ____/____/____

Student's Signature _____ Date of Birth ____/____/____

Counselor, please complete this recommendation and forward both pages to the address indicated below.

1. Name of School _____
2. Address _____
3. City and State _____
4. How long have you known the applicant? _____
5. In what capacity? _____
6. Cumulative Grade Point Average: _____
7. Test Scores
ACT _____ Date _____
SAT _____ Date _____
8. The student has a rank of _____ in a class of _____.
9. Type of High School: Public Independent Other _____
10. Check the category in which you think the overall academic record of the applicant will fall:
 Excellent Above Average Average Below Average Failure
11. Without using the student's name, please make any other pertinent comments below.

12. Considering these attributes, please check the single most appropriate box:

EVALUATION	Poor	Fair	Good	Very Good	Excellent	No Basis
Strength of Academic Curriculum						
Academic Motivation/Self-Discipline						
Academic Growth Potential						
Reaction to Setbacks						
Leadership						
Self-Confidence						
Warmth of Personality						
Emotional Maturity						
Concern for Others						
Respect Accorded by Faculty						

*We hope that you will complete this form and return it by **Sunday, June 14, 2009**. Please attach any additional information (including transcripts, SAT/ACT Scores, etc.). Thank you for your assistance.*

Signature _____

Position _____ Date _____

Please mail this Recommendation Form, transcripts, etc. to:

Paul S. Morton Scholarship Foundation

ATTN: Scholarship Selection Committee

Changing A Generation Full Gospel Baptist Church - Atlanta

P.O. Box 33739

Decatur, Georgia 30033-0739