

## MOSELEY SCHOLARSHIP GUIDELINES

1. The student must complete the application.
2. Recipient must be a graduate or a graduating senior of a public school and accepted into a college or university or presbytery technical institute program.
3. Recipient must be a racial ethnic person, preferably African-American.
4. Recipient must have demonstrated academic and scholastic achievement.
5. Recipient must be an active church member from a church within the geographical bounds of the Presbyteries of Eastern Virginia, Peaks, and James. The minister should refer or confirm the recipient.
6. Recipient must demonstrate financial need. Parents or counselors should confirm.
7. Recipient must be accepted or already enrolled at an accredited college or university.
8. Presentation to the recipient may be made at an appropriate time during a local church service.
9. Applications must be returned to the office of the Synod of the Mid-Atlantic by ***February 15***. Applications are for the current academic period for which the scholarship is being sought. The Synod's Scholarship Committee will make and announce decisions by April 1.
10. This is a one time scholarship award. Recipients may not reapply.

**Application  
for  
The Annie B. and L. Essex Moseley Scholarship Fund  
of the  
Synod of the Mid-Atlantic**

Full Name (Mr., Mrs., Miss) \_\_\_\_\_ Race \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Church \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Church Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pastor \_\_\_\_\_

Name of Presbytery \_\_\_\_\_

**High School Educational Background**

Institution	Address	Dates Attended	Class Rank	Graduation Date

Do you have financial need for this scholarship? \_\_\_\_\_

List other sources from which you have applied for financial aid:

Source	Notification by Source		Amount Applied For	Amount Promised
	Denied	Accepted		

Institution where you have been accepted or enrolled:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ask your pastor (or clerk of session if pastoral position is vacant) to sign the following statement:

*As the applicant's pastor, I recommend \_\_\_\_\_  
as being serious in continuing her/his education, and I recommend that this  
scholarship be granted.*

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Please list the names, addresses, and phone numbers for three references:

1. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Day (\_\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Day (\_\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Day (\_\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_

In your own words, tell us your reason for applying for this scholarship. What are your educational plans?

## ***Financial Statement***

**(To be completed by parent(s) or guardian.)**

Full Name (Mr., Mrs., and Ms) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Number in family (living in household): \_\_\_\_\_

**ANTICIPATED EXPENSES:**

Tuition and Fees \$ \_\_\_\_\_

Books and Supplies \$ \_\_\_\_\_

Living expenses (rent, food, etc.) \$ \_\_\_\_\_

Other expenses (please list below) \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**ANTICIPATED RESOURCES:**

Earnings or Wages \$ \_\_\_\_\_

Other scholarships \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_

Other income (gifts, etc.) \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Parent(s) salary (if student lives at home) \$ \_\_\_\_\_

I certify that the above statements are correct.

**Applicants signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**REFERENCE FORM**

***Please have this form completed by your guidance counselor, a high school teacher or college professor who has knowledge of your academic abilities and your community involvement within the last two years.***

\_\_\_\_\_ is applying for a scholarship from the Annie B. and L. Essex Moseley Scholarship Fund of the Synod of the Mid-Atlantic. Please complete this referral form, and return it to the applicant in time for it to be mailed and received by the Synod of the Mid-Atlantic by February 15.

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How long have you known the applicant? \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

\_\_\_\_\_

Please give your observations of the applicant's character and worthiness for this scholarship. Attach additional pages if desired.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Completed Applications are due to the Synod Office by February 15

Synod of the Mid-Atlantic  
3601 Seminary Avenue  
Richmond, VA 23227