

Young Adults in Christian Ministries African Methodist Episcopal Zion Church



C.R. Thompson Memorial Scholarship Application 2009

Under the leadership of the late Rev. Dr. Charlie Roosevelt Thompson, the Young Adults in Christian Ministries came into existence. Because of his love for God, the young adults of the African Methodist Episcopal Zion Church, and Christian Education, we deem it necessary to provide financial assistance in the form of a scholarship to a young adult Zionite.

Biography of the late Dr. C.R. Thompson

The late Dr. Charlie Roosevelt Thompson was a native of Little Rock, Arkansas. There he pastored several of the AME Zion churches. He was the Presiding Elder of the Pine Bluff District in Pine Bluff, Arkansas. Later in his life he was transferred to the state of North Carolina where he served as pastor of the Warner Temple AME Zion Church in the Cape Fear Conference. Dr. Thompson then became the Presiding Elder of the Clarkton District in that Conference. He served as the Presiding Elder until his death.

Dr. Thompson leaves a legacy in our beloved Zion Methodism as a distinct educator. He was known throughout the denomination as "Mr. Christian Education". If one wanted to know about Christian Education, all they had to do was ask Dr. Thompson. He was a man of integrity, one who loved the Lord, who loved people, and was interested in the well being of Zion's youth.

It was under Dr. Thompson's leadership that the birth of the Young Adults in Christian Ministries came into existence. We thank Almighty God for Dr. C.R. Thompson and for his vision becoming a reality. Presently we have a vibrant organization referred to as YACM because of Dr. Charlie Roosevelt Thompson.

He was a great educator and preacher of his time. He stood for excellence and made sure that everything he did was done in decency and in order.

May his memory live on.

Criteria for the C.R. Thompson Memorial Scholarship

The applicant must be attending an AME Zion affiliated institution.

The applicant must be a young adult (ages 22-40) who is a member of the A.M.E. Zion Church and show evidence of active participation in a local church ministry.

The applicant must complete the Personal Information and the Church Information and send it with the completed packet.

The applicant must have a grade point average of 2.7 or better. An official transcript required.

The applicant must submit a letter of recommendation from an Academic Advisor or Teacher.

The applicant must submit a personal statement to include:

- ◇ Your role in the Christian Education Department (Local, District, or Conference).
- ◇ What can you do to take Kingdom Building to the Next Level, or what programs have you planned that will take this ministry to the Next Level?
- ◇ Why do you feel you deserve this scholarship?

The scholarship committee will interview the applicant during the 2009 Christian Education Winter Meeting.

The application must be turned in to the scholarship committee by November 21, 2009.

A person is eligible to be awarded the scholarship only once within a four year period.

The amount of the scholarship will be up to \$1,000.00.

The C.R. Thompson Memorial Scholarship will be awarded contingent upon meeting all criteria, and all requested information is submitted by the November 21, 2009 deadline:

1. Official transcript
2. Personal statement
3. Letter of recommendation
4. Personal information
5. Interview process
6. Applicant can submit letters of recommendation and informational articles to allow the committee additional information for consideration.

Recipients must be registered and present at the 2009 CED Winter Meeting.

Applications postmarked after November 21, 2009 will not be accepted.

Applicant Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (C) _____

Email: _____ Date of Birth: _____

Church Information

Local Church: _____ Pastor: _____

District: _____ Presiding Elder: _____

Conference: _____ Region: _____

Episcopal Area: _____

Presiding Prelate: _____

Conference Director: _____ District Director: _____

Involvement in Local Church Ministry:

Required Signatures:

By signing below, I verify that the information contained in this application is accurate to the best of my knowledge. Furthermore, this person is active in local church ministry and represents a Christian character that is reflective of our church and this scholarship.

Applicant

Name: _____
Signature: _____ Phone: _____

Local Christian Education Director

Name: _____
Signature: _____ Phone: _____

Pastor

Name: _____
Signature: _____ Phone: _____

Applications must be postmarked by November 21, 2009. Mail your completed application, personal statement, transcript, and letters of recommendation to:

Tonya A. Cornelius
YACM Scholarship Chairperson
2215 Bradshaw Rd.
 Mooresville, NC 28115

Young Adults in Christian Ministries African Methodist Episcopal Zion Church



Educational Assistance Fund

In order to make an impact on young adults (age 22-40) in the African Methodist Episcopal Zion Church, we want to provide financial assistance to those who are studying in non-traditional fields, and who may not be attending an AME Zion affiliated institution. Applicants who are students at any college, university, and vocational or technical school may apply for the Educational Assistance Fund.

Criteria

1. Official transcript reflecting the grade point average of 2.7 or better.
2. A letter of recommendation from local Christian Education Director or Pastor.
3. A brief essay stating:
 - ◇ Your involvement in local church ministry?
 - ◇ What role has Christian Education played in your personal growth?
 - ◇ Why you feel you deserve this assistance?
4. The application must be turned in to the scholarship committee by November 21, 2009.
5. The applicant must include their name, mailing address, telephone number, email address, date of birth, and name of Church, District, Conference, and Presiding Prelate.
6. Send all information to:

Tonya A. Cornelius
YACM Scholarship Chairperson
2215 Bradshaw Rd.
Mooresville, NC 28115

Applicant Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (C) _____

Email: _____ Date of Birth: _____

Church Information

Local Church: _____ Pastor: _____

District: _____ Presiding Elder: _____

Conference: _____ Region: _____

Episcopal Area: _____

Presiding Prelate: _____

Conference Director: _____ District Director: _____