HISTORIC AFRICAN AMERICAN CONGREGATION SCHOLARSHIP

Guidelines for Applying

Applicants must:

1. Be a member of one of the 6 Historic African American UCC churches in the CT Conference: Amistad UCC, Liberty Christian Center International, Miracle Temple Church of God in Christ of Norwalk, Warburton Community Congregational Church UCC, Faith Congregational Church, or Dixwell Avenue United Church of Christ.

2. Be graduating this year, or have graduated, from an accredited CT high school.

3. Be attending, or planning to attend in 2019, an accredited college (4 yr. or 2 yr.), and will be pursuing a Bachelor or Associate’s degree.

4. Submit a current high school/college transcript: Copies must show the school name, the date of the last semester completed, and an accumulative GPA.

5. Have a cumulative GPA of 2.5 or higher.

6. Submit a copy of the most recent US tax return for verification of income.

7. Submit a Letter of Recommendation from their pastor.

8. Provide a statement of the applicant’s educational goals and objectives.

Scholarship Awards will be based on:

➢ Financial Need
➢ Academic Achievement
➢ Church, School and Community Involvement
➢ The Applicant’s Church having met all requirements set forth by the scholarship committee

Completed applications and required information must be returned no later than Wednesday, July 17, 2019.

Please note that applications not properly and completely filled out, lacking school transcripts or recommendation letters will not be considered.

Send to:
Ms. Jill Ford, Program Associate  
CT Conference, UCC  
125 Sherman Street  
Hartford, CT 06105

Or email them to: JillF@ctucc.org

Or fax with a cover letter to:  
Ms. Jill Ford, Program Associate  
CT Conference, UCC - Fax # (860) 231-8111
APPLICATION FOR SCHOLARSHIP

School Year – 2019/2020

Application Due on or before July 17, 2019

Please do not write in this box

Date Application Received ______________ Date reviewed by the Committee ______________

Name of Applicant ________________________________________________________________

Church Affiliated with ____________________________________________________________

High School ________________________ Graduation Year _________ GPA ____________

College Attending: ______________________ GPA ____________ Expected Grad date_______

Total College Expenses ___________________________ # of Dependents __________

Total Income________________________ Total of current scholarships____________

If previously received HAASC scholarship were all required follow-up docs received? Yes  No

Recommendation letter enclosed? Yes  No

Transcripts enclosed? Yes  No

Decision of the Committee:

( ) Approved  ( ) Denied

Amount of Scholarship Award $__________

First Disbursement: Month _____________ Year ____________ Amount $___________

Second Disbursement: Month _____________ Year ____________ Amount $___________

Connecticut Conference, UCC
125 Sherman Street
Hartford, CT 06105
PERSONAL INFORMATION

NAME __________________________________________ PHONE # ____________________
(last) (first) (middle)

ADDRESS
(street & no.) (city) (state) (zip)

EMAIL ADDRESS


ACADEMIC INFORMATION

High School Name: __________________________________________
High School GPA Senior Year __________ HS Graduation date: __________

Where are you going to college or school? __________________________________________
College Major __________________________________________
College GPA: ___________ Expected College Graduation date: __________

What is this college’s tuition budget? $_____________________________

Room and Board $_____________________________

Tuition $_____________________________

(Please enclose high school transcript; or, if you are presently in college, please enclose a copy of your latest college transcript.)

Participation in School/Volunteer Activities: __________________________________________


CHURCH INFORMATION

Membership in what UCC Church __________________________________________

List Church activities you are involved in __________________________________________


PARENTAL INFORMATION

Father/Mother/Guardian Mother/Father/Guardian

Name __________________________________________ Name ___________________________

Address __________________________________________ Address _______________________

Occupation ____________________________ Occupation _______________________

Employer ____________________________ Employer ____________________________
FINANCIAL INFORMATION

Do your parents/guardian claim you as a “Dependent” on their taxes?? Yes / No

Father/Guardian’s Annual Income ________________

Mother/Guardian’s Annual Income ________________

(Use last year’s income tax form - submit a copy with your application)

Number of dependents _____ Gross Family income last year (on which tax was paid) $____________

Are you employed: _______ Full Time_____ Part Time ______ Weekly income, current year $_______

Number of hours you worked per week during school year ______ during vacations/breaks _______

SCHOLARSHIP INFORMATION

Have you applied for the Minority Empowerment/HAAC Scholarship before? Yes  No
If yes, please give dates and amounts received _____________________________________________

Have you been awarded any other scholarships for the next school year? Yes  No
If yes, please give name of scholarship and amounts received:
____________________________________________________

How do you plan to finance your college education? _________________________________________
___________________________________________________________________________________

CAREER PLANS

What are your career plans? ______________________________________________________________

Who referred you to this committee? .............................................................................................

Have you enclosed a recommendation letter from your Pastor? Yes  No
Have you enclosed an official transcript from your High School or College? Yes  No

Applicants Signature ____________________________________

Per the CTUCC policies, scholarships will need to be authorized by the recipient’s school with documentation that the funds were used for appropriate academic expenses. Therefore, if awarded, you will be required to provide us with a Certificate of Enrollment Form that needs to be signed by your school administration or Bursars office. We have included that form on the next page. Please retain for your records and, if awarded, return it to the Conference Office by December 31, 2019.

I understand, that if awarded, I must return the Certificate of Enrollment Form, signed by the College Registrar’s office.

Applicants Signature ____________________________________
Connecticut Conference United Church of Christ  
Historic African-American Congregational Scholarship  
Certificate of Enrollment  
(Please Hold on to this form. To be submitted, only if awarded)  
DUE BY: December 31, 2019

Scholarship Recipient Information

Name: ___________________________  Email Address: ______________

Home Address: ____________________  Phone Number: ______________
(Street address)

(City, State and Zip Code)

College or University Information

Name of School: ____________________________

-o This student is currently enrolled  
-o This student is not currently enrolled

Signature of School Registrar: ________________  Date: ____________

School Seal or Official Stamp: 


Return to:
Ms. Jill Ford, Program Associate  
CT Conference UCC  
125 Sherman St  
Hartford, CT 06105