APPLY FOR THE 2020

DANA MICHELLE PETTAWAY SERVANT'S HEART SCHOLARSHIP



Be eligible to receive:

- **❖** \$2,000 for college expenses
- Personalized plaque
- ❖ Presentation of this award at a DMP event in June 2020

APPLICATION POSTMARK DEADLINE: MARCH 16, 2020

WHAT IS THE DMP SERVANT'S HEART SCHOLARSHIP?

Dana Michelle Pettaway Ministries, Inc., was established in January 2004, in memory of Dana Michelle Pettaway. Dana was a vibrant youth leader who glorified God in every area of her life. Her passion was to impact youth through Christian mentorship, positive role modeling, evangelism and unconditional love. **The Dana Michelle Pettaway Servant's Heart Scholarship** seeks to identify Christian high school seniors who exhibit leadership related to service. The DMP Servant's Heart Scholarship will be awarded to 7 such students who possess the above qualities and who plan to further their education by attending an institution of higher learning.

WHO QUALIFIES TO APPLY?

You must meet the following criteria to apply:

- ✓ Be a legal U.S. resident
- ✓ Attend high school in Harris County, TX
- ✓ Be a high school senior who is eligible for graduation in May or June of 2020
- ✓ Intend to enroll as a full-time student in an accredited college, vocational or technical school in the Summer or Fall of 2020
- ✓ Minimum GPA of 2.75
- ✓ Minimum of 30 documented service hours

HOW DO I APPLY?

The 2020 Dana Michelle Pettaway Servant's Heart Scholarship Application is attached hereto, or available for download at www.dmpministries.org. One application per household. Must mail in.

HOW ARE WINNERS CHOSEN?

1) The selection criteria is based upon GPA, Essays, Letters of Recommendation, and Service at Church, School and in the Community. Semifinalists will have a mandatory interview with the Committee.

Overcomer Scholarship

2) At the discretion of the committee, an "Overcomer" scholarship may be awarded to individuals who meet the minimum requirements (above), but in the setting of difficult circumstances or obstacles.

These obstacles must be described in Essay #2, with an explanation of how they were overcome to continue service.

POSTMARK DATE AND MAILING INSTRUCTIONS

Mail 1 ORIGINAL PLUS 5 COPIES of the Application Form, Essays, Letters of Recommendation, Transcript and Service Hours Summary, 6 COPIES of the College Acceptance Letter (you keep original), and one high quality headshot photo. Mail IN ONE ENVELOPE to the address below. MUST BE POSTMARKED NO LATER THAN MARCH 16, 2020. Do not fold.

Materials postmarked after the deadline, or with missing information will not be considered - no exceptions. Mail completed application to:

Dana Michelle Pettaway Ministries, Inc. Attn: Scholarship Selection Committee 40 Cypress Creek Parkway, PO Box 442 Houston, TX 77090-3530

APPLICATION DETAILS

- 1. **APPLICATION FORM** (original plus 5 copies). Type or print legibly using dark ink.
- 2. **ESSAY #1** (original plus 5 copies). Not longer than one 8½ x 11 inch typed sheet, single-spaced, 12 font. Topic: "My Role of Service at Church, School and in the Community". Include the following in your essay:
 - ✓ How you serve or volunteer in your church, school and community; your reasons for serving and the impact it makes.
 - ✓ Any projects you initiated and/or led.
 - ✓ Future plans for service.
- 3. **ESSAY #2** (original plus 5 copies). Not longer than one 8½ x 11 inch typed sheet, single-spaced, 12 font. Topic: "My Testimony of Faith". Include the following in your essay:
 - ✓ When did you receive Jesus as your Lord and Savior? Did you have a conversion experience?
 - ✓ How did it change your thinking?
 - ✓ How does faith govern who you are today?
 - ✓ If applicable, describe any challenges or obstacles you have faced over the last 2 years and how your faith helped guide you.
- 4. **TWO LETTERS OF RECOMMENDATION** (original plus 5 copies). A teacher, mentor, supervisor, pastor/youth pastor, or counselor may write these letters; no family members. Letter must include a brief description of their interaction with you, and their observations of your role in Church, School and/or Community Service. Letter should not exceed one 8½" x 11" typed sheet, single spaced, and must include writer's signature, phone number and email.
- 5. **HIGH SCHOOL TRANSCRIPT** (original plus 5 copies).
- 6. **SERVICE HOURS** (original plus 5 copies). Must show a minimum of 30 service hours. Document **ALL** service hours on Service Hours form (attached). Supervisor of each assignment must sign. One agency per form.

- 7. **LETTER OF ACCEPTANCE**. 6 copies of the acceptance letter from your intended college must be submitted before your interview.
- 8. **INTERVIEW**. If selected as a finalist, your interview with the Selection Committee will be held **Saturday**, **April 25**, **2020**. **Interview is mandatory**. You will be notified of time and place.
- 9. **PHOTO**. Enclose one recent, high quality headshot photo of yourself. It will not be returned

AWARD RECIPIENTS

Winners of the Award will be notified on or before April 29, 2020. If selected as a DMP Servant's Heart Scholarship Recipient, you will receive:

- ❖ \$1,000 per semester for 2 consecutive semesters; check mailed to your student account at your college. If you do not attend an institution of higher learning in year 2020, award will be returned to DMP Ministries.
- ❖ A personalized plaque.
- * Recognition at a DMP Event in June 2020.

Application Submission Checklist

A complete application consists of the following items. Place a check mark in front of each item to make certain your application is complete.

| - |
|--|
| Application Form filled out completely, typewritten or printed in dark ink (original plus 5 copies). |
| Your typed Essay #1 (original plus 5 copies). |
| Your typed Essay #2 (original plus 5 copies). |
| 2 typed Letters of Recommendation (original plus |
| 5 copies of each). |
| Your High School Transcript. We will accept unofficial transcripts (original plus 5 copies). |
| Service Hours Summary documenting a minimum of |
| 30 hours of service (original plus 5 copies). One form for each agency. Submit ALL service hours. |
| Letter of Acceptance from your intended school (6 |
| copies, you keep original). |
| Recent high quality, headshot photo of yourself. |

2020 DANA MICHELLE PETTAWAY SERVANT'S HEART SCHOLARSHIP APPLICATION FORM



Eligibility: Applicants must answer the following qualifying questions. Information may be verified.

| tie you a riigii scriooi s | senior eligible for graduation in May | or duric or 2020: | o Yes | |
|---|---|--------------------|-------|------|
| Are you planning to attend a college, vocational or technical school in the summer or fall of 2020? | | | | o No |
| Do you have a GPA of | o Yes | o No | | |
| Did you offer at least 30 hours of service in your school, church and community combined? | | | | o No |
| Are you a Legal U.S. R | esident attending a High School in F | Harris County, TX? | o Yes | o No |
| Personal Informa | ation | _ | | • |
| irst and Last Name: _ | | | | |
| Street Address: | | City: | Zip: | |
| lome Phone: | Cell Phone: | Email: | | |
| ntandad Callaga Tach | nical or Vocational School: | | | |
| ntended College, Tech | | | | |
| _ | | ? | | |
| How did you learn of th | e DMP Servant's Heart Scholarship | ? | | |
| - | e DMP Servant's Heart Scholarship | ? | _ | - |
| How did you learn of th | e DMP Servant's Heart Scholarship Information | ? | - | - |
| How did you learn of th | e DMP Servant's Heart Scholarship Information me: | | _ | |
| Parent/Guardian Parent or Guardian Nat | e DMP Servant's Heart Scholarship Information me: | | _ | |
| How did you learn of th Parent/Guardian Parent or Guardian Nai | e DMP Servant's Heart Scholarship Information me: | | | |
| Parent/Guardian Parent or Guardian Nate Full Address: | e DMP Servant's Heart Scholarship Information me: | | | |
| Parent/Guardian Parent or Guardian Nate Full Address: | e DMP Servant's Heart Scholarship Information me: Home: | | | |
| Parent/Guardian Parent or Guardian Nate Full Address: Email: Phone: High School Info | e DMP Servant's Heart Scholarship Information me: Home: | | | |
| Parent/Guardian Parent or Guardian Nai Full Address: Email: Phone: | e DMP Servant's Heart Scholarship Information me: Home: | | | |
| Parent/Guardian Parent or Guardian Nate of High School Info | e DMP Servant's Heart Scholarship Information me: Home: rmation | | | |
| Parent/Guardian Parent or Guardian Nate of High School Info | e DMP Servant's Heart Scholarship Information me: Home: rmation | Cell: | Zip: | |

| Church Information | |
|--|---|
| Name of Your Church: | City: |
| | Title:Phone: |
| Awards and Recognition (2017-2020) | |
| Award 1: | Year: |
| Award 2: | Year: |
| Award 3: | Year: |
| Award 4: | Year: |
| Award 5: | Year: |
| Award 6: | Year: |
| 2. 3. 4. 5. | Year(s): Year(s): Year(s): Year(s): Year(s): |
| 6Certification: Applicant must read and | d sign below to be eligible for consideration |
| I certify that all the information provided is come to be enrolled as a full-time student in an academic year. I authorize the Dana Michelle Prinformation for the purpose of recognition, fund become the property of Dana Michelle Pettawa or failure to attend an institution of higher learn | aplete and accurate to the best of my knowledge. I certify that I intendeced college, vocational or technical school in the 2020-2020 Pettaway Ministries, Inc., to share or publish my picture and application draising, or public relations. I understand that all application material ay Ministries, Inc. and will not be returned. Falsification of informationing as a full-time student in 2020 will result in revocation of the away fy that I have read this application and accept all conditions specified |

2020 DANA MICHELLE PETTAWAY SERVANT'S HEART SCHOLARSHIP SERVICE HOURS



| | | ELIGIBILITY | | |
|---------------------------------------|------------------------------------|--|--|--|
| Name of Applicant: | | | | |
| | | 2-2020 will be accepted. Please make extra copies of this form as hours. Only one organization per sheet. Information may be verified. | | |
| | ORG | GANIZATION INFORMATION | | |
| Name of Organization | | | | |
| Supervisor Name (Pri | nt): | | | |
| Business Phone: | | Email: | | |
| | | | | |
| | | | | |
| Supervisor: Plea impact his/her se | se provide us witervice made and a | ith a short description of the volunteer's attitude, the any leadership qualities you may have observed. | | |
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| | | | | |

Supervisor's Signature: _____ Date: _____