

Robert F. and Rosa M. Ferguson Student Scholarship Fund

The Presbytery of Baltimore has established the Robert F. and Rosa M. Ferguson Student Scholarship Fund for the purpose of providing financial assistance to deserving high school students who wish to further their education at an accredited college or university. Mr. and Mrs. Ferguson – he, a long-time member of Grace Presbyterian Church in Baltimore, Maryland, and she, a long time educator in Baltimore City and County – generously gave the resources to fund this scholarship.

Priority shall be given to financially deserving students whose family income is modest. The amount of the scholarship shall be \$5,000 for one year. Recipients may reapply for subsequent years; however, no representation is made that a scholarship will be awarded in subsequent years.

CRITERIA AND REQUIREMENTS

1. The student must rank in the top one-third of their class.
2. The student must have been involved in school or community service activities.
3. The student must possess strong moral character.
4. The student must be an active communicant member of a congregation in the Presbytery of Baltimore, Presbyterian Church (U.S.A.)
5. The student must attend an accredited college or university approved by the Scholarship Committee.
6. The student must complete an application form and provide a copy of their scholastic transcript as well as letters of character reference as described below.
7. The student and their parents or guardians must provide evidence of financial need through disclosure of personal financial information and copies of tax forms from previous years. A Scholarship Committee, made up of persons experienced in high school guidance, education, or higher education, shall review all applications and administer the Student Scholarship Fund. The Scholarship Committee shall award the scholarship by July 1 for the following school year. Applications, etc. must be received in the Presbytery Office by **May 15**.

The scholarship shall be paid directly to the college/university where the student has been accepted and shall attend. Written verification of the student's acceptance by the college/university must be furnished by the student. The Scholarship Committee shall be responsible for authorizing the Presbytery treasurer to remit the funds directly to the college/university.

The Robert F. and Rosa M. Ferguson Student Scholarship Fund does not discriminate on the basis of race, color, age, sex, gender identity, sexual orientation, immigration status, national origin, or disability in its selection process. All applications shall be kept in complete confidence and used only for the purpose of this scholarship.

Confidential letters of character reference from at least three people not related to the applicant must be provided. Only one of the letters may be written by a high school faculty member. One letter should be written by a member of the student's church or church staff (guidelines for this letter are provided). These letters of character reference should be mailed directly and confidentially to the Presbytery of Baltimore (see below).

The Student application form must be properly completed and given to the high school guidance counselor who should be requested to attach an official high school transcript to it; both the form and transcript should be mailed directly and confidentially to the Presbytery of Baltimore (see below).

The completed Parent/Guardian application form with copies of previous income tax returns should be mailed to the Presbytery of Baltimore (see below) **with social security numbers blacked out.**

Send all completed application forms, transcripts, and letters of character reference by May 15 to the following address:

Presbytery of Baltimore
Robert F. and Rosa M. Ferguson Student Scholarship Fund Committee
5400 Loch Raven Blvd.
Baltimore, Maryland 21239
ROBERT F. and ROSA M. FERGUSON STUDENT SCHOLARSHIP FUND

APPLICATION FORM: To be completed by Student Applicant

Full name (please print): _____

Mailing Address: _____

Phone

Number: _____

Email Address: _____

Preferred Pronouns _____

Birth Date: _____

Social Security Number: _____

Name of High School or College Currently Attending: _____

High School/ College Phone Number: _____

Address of High School/ College: _____

Guidance Counselor/Academic Advisor: _____

Guidance Counselor/Advisor Email Address: _____

Year of HS Graduation: _____

GPA: _____ Did You Graduate in the Top Third of Your Class: Y/N

Honors and Awards: _____

Community Service Activities: _____

Church and Faith Based Activities: _____

Other Extra-Curricular Activities (Including Athletics): _____

Scholarships Awarded in Last Two Years: _____

For High School Students - Colleges/Universities Where You Have been
Accepted (attach copies of letters of acceptance):

Name _____ of

Church: _____

Address of Church: _____

Pastor: _____

Pastor's Phone Number: _____

Share a brief summary of your faith journey focusing on how your faith has grown
in the last year:

Signature of Student

Applicant:_____

Date:_____

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ROBERT F. and ROSA M. FERGUSON STUDENT SCHOLARSHIP FUND

APPLICATION FORM: To be completed by Parent(s) or Guardian(s) of:

Legal Guardian #1:_____

Address:_____

Email Address:_____

Phone Number:_____

Occupation(s) and Freelance or Contract Work:_____

Gross Annual Income:_____

Legal Guardian #2 (if Applicable):_____

Address:_____

Email Address:_____

Phone Number:_____

Occupation(s) and Freelance or Contract Work:_____

Gross Annual Income:_____

Family Household Members in addition to head(s) of household:

Name/Relationship:

_____ Age: _____

Name/Relationship:

_____ Age: _____

Name/Relationship:

_____ Age: _____

Name/Relationship:

_____ Age: _____

Name/Relationship:

_____ Age: _____

Amount Parents/Guardians can provide annually toward college expenses for applicant:

\$ _____

Amounts from other sources:

Relatives: \$ _____

Additional scholarships: \$ _____

Applicant's savings: \$ _____

Applicant's employment: \$ _____

Total amount of all 529's benefitting applicant: \$ _____

Financial Aid (including FAFSA): \$ _____

Other sources: \$ _____

Unusual circumstances which may curtail family income or increase family expenses:

Attach copies of income tax returns for Student and Parents/Guardians for last 3 years.

Signature of Parent/Guardian: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

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Guidelines for Letter of Recommendation from Pastors:

As you craft your letter of recommendation for the applicant, please answer the following questions.

1. How do you witness this student nurturing their life of faith?
2. How have you witnessed this student sharing God's love with others?
3. Share a specific story that exemplifies this student's character.