



Edwards Ministerial Association Incorporation

Post Office Box 15768

Austin, Texas 78715-1768

EMA Scholarship Application for 2022-2023

I understand that in completing this EMA application I want to be considered for an EMA Academic Scholarship. Print or type all information on this form. It is your responsibility to ensure that this EMA form is completed in its entirety. Failure to do so will disqualify your application.

Part I.

First Name _____ Middle _____ Last Name _____

Permanent Address _____ Zip Code _____

City _____ State _____

Phone (Home) _____ (Cell) _____

Email _____ Date of Birth _____

Parents Father's Name _____

Mother's Name _____

High School _____ City _____ State _____

Class Ranking _____ or _____ GPA _____ (out of 4 or 5 grading scale), other method _____

Name of the Educational Institution _____

Institution Address _____

(City) _____ (State) _____ (Zip Code) _____

Major or Area of Academic Interest _____

Academic Starting Year Freshman _____ Sophomore _____ Junior _____ Senior _____

Starting Date Month _____ Day _____ Year _____

Proposed Graduation Date _____

Accepted by Institution Yes _____ No _____ Pending _____

Part II. List the following:

- List the awards, honors, or scholarships you have received. _____

- List the programs or activities in which you have participated. Include public community service and activities. _____

- List the last three (3) jobs or internships you have held _____

Part III. Please select one of the two topics below and respond in an essay. The essay should be limited to no more than 300 words and font should be Time New Roman point 12. This is your chance to present yourself to the Scholarship Committee. Type your essay on a separate sheet and attach it to the application.

- My goals for the future and how I plan to achieve them
- A personal challenge which I had to overcome and how I overcame it.

Part IV. Interview

The Scholarship Selection Committee would like to meet you face to face and get to know your goals and plans for your education and career. A date and time will be assigned to you.

Student Obligation

Attach an Official copy of your Academic transcript with your GPA to this application along with a letter of recommendation from a teacher, counselor, principal or a community leader. I understand that:

I must be accepted by an accredited Educational Institution, and that the scholarship funds are given directly to the Institution on my behalf. I understand that I must remain in good standing with the Institution for the duration of the semester in order to benefit from the scholarship. I give permission to officials of my institution to release transcripts of my academic record and other requested information for consideration in the EMA scholarship program. I understand this application will be available only to EMA Board members who need to see it in the course of their duties.

I verify that the information on this application is correct to the best of my knowledge (please sign below).

Application Due to Ms. Ryan Quinn

Or mail to:

Edwards Ministerial Association

P.O. Box 151768

Austin, TX 78715

Signature of Applicant: _____

Date Submitted: _____

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