



Application Deadline: MAY 9, 2012

## SMITH AND COLLINS FAMILY MEMORIAL SCHOLARSHIP APPLICATION GUIDELINES

Established in 1982, the Queens Adventist Youth Federation (QAYF) is a youth organization within the Northeastern Conference Youth Department. One of eleven Federations within the areas of New York, Connecticut, Rhode Island and Boston areas, QAYF rose to a level of distinction among its counterparts. QAYF has created programs and initiatives that placed a lasting impression on the Queens area.

Central to the mission of the Queens Adventist Youth Federation is to empower young men and women with the leadership skills, educational achievement and spiritual fortitude necessary to make a lasting impact on society. We are dedicated to helping the young people in our jurisdiction achieve all the Lord has planned for their lives. **Smith and Collins Family Memorial Scholarship** is an example of our commitment to that goal through the arena of higher education. In addition, we will provide information for and or facilitate other scholarships, financial education initiatives, college tours, and leadership training.

### SMITH AND COLLINS FAMILY MEMORIAL SCHOLARSHIP

Established in 2001, the Elder Harriet C. Smith Memorial Scholarship program was established to benefit high school seniors who plan to attend college as full time students for the fall semester. QAYF suffered a devastating loss with the unfortunate passing of scholarship coordinator **Joseph Collins** in November 2010. In honor of our fallen soldier the fund was renamed to the **Smith and Collins Family Memorial Scholarship Fund**. Every year we gave out annual awards to deserving applicants went on to make grand achievements.

### SCHOLARSHIP CRITERIA

To be eligible to compete for a scholarship, you must

- Be a full time high school senior;
- Demonstrate a relationship with God and a desire to serve him with all of your heart;
- Demonstrate clear career plans;
- Cumulative grade point average of B- or above;
- Demonstrate active community and/or church related service;

## APPLICATION COMPONENTS AND INSTRUCTIONS

### I. "COLLEGE BOUND" SCHOLARSHIP

Follow directions carefully and complete all sections of the application. Applications not in compliance with details specified in this document or the application form may be disqualified. Begin compiling your application early so all materials can be submitted in a single envelope on or before May 9, 2012.

The following items constitute a complete application package and must be submitted in a single packet. If any item is missing; the application will be considered incomplete and will be disqualified.

1. **Application Form:** Must be fully completed. Read the certification and release of information section on the final page to indicate your agreement. If you are under 18, your parent and/or guardian must sign the certification and release of information. Without signature(s) your application will be ineligible.



Application Deadline: MAY 9, 2012

2. **Letter(s) of Acceptance:** Provide a copy of the acceptance letter to the school and program of study you will pursue during the 2012/2013 Academic Year. If the acceptance is pending when you submit your application for receipt by **May 9, 2012**, you must forward a copy of an acceptance letter to QAYF prior to receipt of said funds. If you are unable to send a copy of your letter of acceptance, documentation from the registrar's office that shows proof of enrollment will suffice.
3. **Transcripts:** Provide a copy of your junior and senior high school transcripts. Photocopies are acceptable.
4. **Two Letters of Recommendation:** Provide at least two letters of recommendation and attach the recommendation form to each person whom you have chosen to write on your behalf. These letters must come from two different sources. The following are a list of categories.
  - Community Service Representatives;
  - Educators or Guidance Counselors;
  - Conference/ Federation Level Officers or Staff;
  - Clergy or Local Church Department Coordinators
  - Adventist Youth, Basketball coach and/ or Pathfinder leaders
5. **Community Service Highlights:** Provide a list of all of the organizations that you are involved with in bullet and/or essay form. A resume format is also acceptable. Please include when you participated and for how long.
6. **Statement of My Personal Beliefs/Personal Mission Statement:** Please include a short mission statement consideration concerning your personal relationship with God. Please include when you made the decision to accept his gift of salvation and your dedication to serve in his vineyard. You can talk about how you intend to use your skills for the furtherance of the gospel. You can prepare this selection in the form of a mission statement if you choose.
7. **Essay-** Write a 750 word essay entitled: ***Why Should I be Chosen for the Scholarship Award?*** If you are on campus, this essay should talk about your experience on campus and how you witness and/or let your spiritual "light shine". It should talk about your career goals, church and community service work and/or, educational objective. You can talk about why you chose your college and what you intend to accomplish when you start. This must be type written, double-spaced and in 12 font typeset. These are just examples, make sure that you provide insight into who you are and why you should be chosen.
8. **Federation Dues-** Queens Adventist Youth Federation dues must be paid for your local church. Please confirm with your AYS leader and/or Pastor to confirm that the Federation dues were paid. Then have them sign the attached confirmation.



Application Deadline: MAY 9, 2012

## SMITH AND COLLINS FAMILY MEMORIAL SCHOLARSHIP APPLICATION CHECKLIST

To be eligible, applications must be received on or before the date indicated. The Federation will not consider emailed applications.

Send your application and supporting documentation to the appropriate address below for receipt no later than May 9, 2012. Donations to this scholarship funds are accepted. Kindly make check(s) payable to the "QUEENS ADVENTIST YOUTH FEDERATION". Be sure to make the notation in the memo: "Smith and Collins Family Memorial Scholarship Fund", for appropriate processing. The appropriate mailing address is noted below:

### SCHOLARSHIP APPLICATIONS

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### DONATIONS (tax-deductible)

**Q. A. Y. F.** Attn, 

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Scholarship Awardees will be announced at our annual area Rally Day to be held on May 12, 2012, (venue to be announced). Please check with your local AYS Leader and or Federation Officer for details. The following items constitute a complete application package and must be submitted in a single packet. If any item is missing, the application will be considered incomplete and will be disqualified.

### **Please organize packet materials in the following order:**

1. Application Form;
2. Letter(s) of Acceptance/ Proof of Enrollment;
3. Transcript(s);
4. Letters of Recommendation (with form attached);
5. Certification and Authorization;
6. Personal Beliefs/Mission Statement Form;
7. Essay
8. Federation Dues Payment Confirmation



Application Deadline: MAY 9, 2012

## APPLICATION FORM

Queens Adventist Youth Federation Smith & Collins Family Memorial Scholarship

Receipt Deadline: Wednesday May 9, 2012

Carefully review the Application Guidelines before completing application.

- Type or write legibly in black or blue ink. [Type size must be no smaller than 12 font]
- Confine responses to allotted spaces, except where otherwise instructed.
- Please review and sign certification page.
- We will not consider incomplete applications or applications received after May 9, 2012.

Please complete information below:

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Were you ever a scholarship recipient of Queens Youth Federation? ( ) Yes ( ) No

Will attend school: ( ) Full-time ( ) Part-Time Field of Study: \_\_\_\_\_

Are you currently accepted into college for the fall semester?

( ) Yes (please include acceptance letter) ( ) No

Are you Queens Adventist Youth Federation Member (or subsidiary)? ( ) Yes ( ) No

High school graduation date \_\_\_\_\_ Start college date \_\_\_\_\_

Starting date of classes \_\_\_\_\_ Anticipated graduation date \_\_\_\_\_

Circle Type of institution (an accredited institution in the United States)

*(for informational purposes only ... has no bearing on scholarship decision)*

( ) Vocational/Technical ( ) Community/ 2 year College

( ) 4 year private College/university ( ) 4 year public College/university

( ) Adventist College/University

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

**Applicant Signature**



Application Deadline: MAY 9, 2012

### REQUIRED CERTIFICATION AND RELEASE OF INFORMATION

- I hereby certify that the information provided in this application packet is accurate and complete to the best of my knowledge.
- I have read the Application Guidelines for the Queens Adventist Youth Federation Smith and Collins Family Memorial Scholarship and meet all stated conditions of eligibility.
- I understand that this application will not be considered for review unless all requested materials are enclosed and the application is signed and received at the mailing address indicated by no later than **May 9, 2012**.
- I understand that all applications will be held confidential, and that no application material will be returned. I waive the right to access of recommendations written on my behalf (copies of recommendation letters are accepted).

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Applicant**

### Q.A.Y. F. MEMBERSHIP DUES PAYMENT CONFIRMATION

- I acknowledge that it is incumbent upon every Queens Adventist Youth Society as members of the Queens Adventist Youth Federation to payment annual membership dues.
- I realize that payment of the annual federation membership dues entitles every AY society to participate in all federation and conference youth events and/or activities.
- I understand that this application will not be considered for review unless all requested materials are enclosed, dues are paid or enclosed and the application is signed and received at the mailing address indicated by no later than **May 9, 2012**.
- I understand that all applications will be held confidential, and that no application material will be returned. I waive the right to access of recommendations written on my behalf (copies of recommendation letters are accepted).

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name and Signature of AYS leader**



Application Deadline: MAY 9, 2012

## INSTRUCTIONS TO THE EVALUATOR:

The Person named above is applying for an Elder Harriet C. Smith Memorial Scholarship. We request your candid written evaluation of the applicants' qualifications. Since you know the candidate, the review committee is depending upon your thoughtful observations, especially relative to applicants' academic and volunteer record, applicants' ability to undertake and completed their training and outstanding strength or characteristics. Please also include any other information that would assist in the selection process.

The applicant will benefit most from a specific and illustrative evaluation rather than a general assessment. Your evaluation should provide insight into any areas where growth is needed. Please define the criteria upon which you base your judgment and how the applicant meets your criteria.

If applicable, the letters should be written on the letterhead of your professional affiliation. Recommendation letters must be dated no earlier than six months before date of submission of application.

Please complete the information below and return this form to the applicant in a sealed envelope. Sign your name across the seal of the envelope. Your evaluation will be confidential and will not be released to the applicant.

The Queens Adventist Youth Federation thanks you for your assistance.

For further information: visit <https://gayf.northeasternsda.com>

Evaluators Name (please print): \_\_\_\_\_

Professional Title: \_\_\_\_\_

Affiliation \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

How long have you known the applicant \_\_\_\_\_ in what capacity \_\_\_\_\_

I hereby certify that the information provided in this application packet is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
**Signature of Evaluator**

**Date:** \_\_\_\_\_