

**ROBERTA R. PAYNE MEMORIA EDUCATION SCHOLARSHIP  
SHILOH MISSIONARY BAPTIST CHURCH  
185 EDDIE ROBINSON SR. DRIVE  
BATON ROUGE, LOUISIANA 70802**

Dear Applicant:

The Scholarship Committee of Shiloh Missionary Baptist Church invites you to apply for the **Roberta R. Payne Memorial Education** scholarship that will be awarded in **June** this year. The scholarship is awarded based on scholastic average, church participation, and financial need. **This scholarship will be awarded to an Education major only.**

We encourage you to fill the enclosed application completely and return it in the enclosed envelope by Wednesday, **May 8, 2019** . **Please enclose a copy of your transcript. (Please do not send originals). Incomplete applications will be penalized 10 points. Handwritten applications will be penalized 10 points.**

In order to receive this scholarship, you must be a **certified college junior, senior or a graduate student and have a grade point average of at least 2.5.** Upon the presentation of your receipt that confirms your registration, a check will be issued to you or the university.

Thank you kindly for applying for the **Roberta R. Payne Education Memorial** scholarship. Remember the deadline for returning applications is Wednesday, **May 8, 2019.**

**Applications for these scholarships may be picked up in the Charitable Foundation Office April 7, 2019 through April 30, 2019. The deadline to return applications is May 8, 2019. Applications can be found on Shiloh's web site at [www.shilohbr.com](http://www.shilohbr.com). Please email your application to [bkenne3@outlook.com](mailto:bkenne3@outlook.com) , place in the Scholarship Mailbox in a sealed envelope in the church office, or mail to P. O. Box 80025, Baton Rouge, Louisiana 70898-0025 before the deadline. Please write on the envelope, Attention: Dr. Betty Kennedy, Scholarship Committee Chairperson.**

If you have any questions, please contact any one of the persons listed below.

Dr. Betty Kennedy, Chairperson  
225-927-5513  
[Bkenne3@outlook.com](mailto:Bkenne3@outlook.com)

Mrs. Iris Walker, Secretary  
225-939-0468

Enclosure

**SHILOH MISSIONARY BAPTIST CHURCH  
ROBERTA R. PAYNE MEMORIAL EDUCATION SCHOLARSHIP**

**STEPS THAT NEED YOUR ATTENTION**

1. Please fill out every blank in your scholarship application. This includes complete addresses and zip codes. Incomplete applications will lose 10 points. Handwritten applications will be penalized 10 points.
2. Please submit a transcript on or before **May 31, 2019** to verify your grade point average.
3. Complete required 200-250 word, doubled-spaced essay. Essays are evaluated for content and quality of writing (spelling, grammar, punctuation).
4. **Applications must be returned by Wednesday, May 8, 2019 to the Scholarship Mailbox in a sealed envelope, via email [bkenne3@outlook.com](mailto:bkenne3@outlook.com), or mail to P O Box 80025 Baton Rouge, Louisiana 70898-0025. NO EXCEPTIONS!**
5. Be sure to circle the total income of the entire household. If you do not circle an answer, you will not receive any points in this category.
6. On the application, indicate the total number of persons in the household supported by Parents/guardians/applicant, and/or spouse, if applicable.
7. **All letters of recommendation must be signed by the pastor, pastor's designee and/or ministry leader to be accepted.**
8. The application may be found on line at [shilohbr.com](http://shilohbr.com).

# **ROBERTA. R. PAYNE MEMORIAL EDUCATION SCHOLARSHIP**

## **I. OVERVIEW**

The family of Roberta R. Payne, daughters Vanessa Payne and Karroll Payne McGregor, recommended the implementation of this scholarship in 2011. **The Roberta R. Payne Memorial Education Scholarship is targeted for All Education majors only.** The Scholarship Committee of the Shiloh Missionary Baptist Church will administer the program.

## **II. DUTIES OF COMMITTEE**

- A. To set up guidelines governing the scholarship program.
- B. To design instruments for evaluating applicants in an objective manner.
- C. To annually publicize the scholarship program.
- D. To annually select a recipient based on a set of objective criteria.
- E. To periodically evaluate the Roberta R. Payne Memorial Education scholarship program.

## **III. FINANCING OF PROGRAM**

Money is generated from the family of Roberta R. Payne, daughters Vanessa Payne and Karroll Payne McGregor.

## **IV. AMOUNT OF SCHOLARSHIP**

A scholarship will be awarded annually in the amount of \$1,000.

## **V. REQUIREMENTS OF SCHOLARSHIP APPLICANTS**

- A. Must be a member of a Christian Church for at least one year as evidenced by a letter from the pastor/designee.
- B. Must be certified in the area of Education as evidenced by a copy of an official transcript.
- C. Must have a grade point average of at least **2.5**.
- D. Must be a certified college junior, senior or graduate student.

## VI. GUIDELINES FOR AWARDING SCHOLARSHIP

- A. All interested persons must fill out an application and submit it to the scholarship committee by a deadline set by the committee.
- B. An official copy of a college transcript must accompany the application.
- C. **Letters are emailed or hand delivered to ministry leaders requesting information on each applicant. Verification from ministry leaders will be obtained by email and/or it may be placed in a sealed envelope and left in the Scholarship Mailbox in the church office.**
- D. After all information is back, the committee meets to determine the recipient.
- E. The committee evaluates each applicant based on a set of criteria previously adopted. The criteria are attached.
- F. Other than the grade point average, the information reported is classified as being true.
- G. After points are totaled for each applicant, the applicant's name and their total points are listed and the recipient is announced. No committee member can determine the recipient until applicant's points have been totaled.
- H. The name of the scholarship recipient is withheld until the Sunday that the scholarship is awarded.
- I. The recipient of the scholarship may collect the scholarship upon presentation of verification that he/she is accepted in school.
- J. If a ministry/auxiliary has only been in existence for six (6) months or less, it will not be considered for that year.
- K. Must exhibit active church participation (recommendation form and/or recommendation letter from ministry leaders).
- L. A recipient of a Roberta R. Payne Memorial Education Scholarship cannot apply again; however, an applicant who did not win may reapply the following year.
- M. A member of the Shiloh Scholarship Committee may apply for the Roberta R. Payne Memorial Education Scholarship; however, he/she may not participate in the evaluation process.

**VII. PROCEDURE FOR BREAKING TIES**

In case of a tie, the person with the greatest economic need would be declared the recipient. If this is the same, the person who is more actively involved in church work will come before the other. If everything is the same, the committee will vote to break the tie and the recipient will be given 1 point.

**VIII. PENALTIES**

- A. Incomplete applications will be penalized ten points.
- B. Handwritten applications will be penalized ten points.

**SHILOH MISSIONARY BAPTIST CHURCH  
185 EDDIE ROBINSON SR. DRIVE  
BATON ROUGE, LOUISIANA 70802  
FRED JEFF SMITH, PASTOR**

**ROBERTA R. PAYNE MEMORIAL EDUCATION  
SCHOLARSHIP APPLICATION**

**PLEASE SUBMIT A CURRENT TRANSCRIPT On or Before MAY 31, 2019.**

**DIRECTIONS: This application must be typed.** All sections must be completed. Write N/A if question does not apply.

INDICATE YOUR STATUS: \_\_\_\_\_ COLLEGE JUNIOR  
\_\_\_\_\_ COLLEGE SENIOR  
\_\_\_\_\_ GRADUATE STUDENT

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_

**Grade Point Average:** College \_\_\_\_\_

Name of University Attending \_\_\_\_\_

**What is your major?** \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_

Father's Name \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

Mother's Name \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

Do you live with both parents? \_\_\_\_\_ If not, with whom? \_\_\_\_\_

**For Married Applicants** – Spouse's Name \_\_\_\_\_

Of what church are you a member? \_\_\_\_\_

When did you join? Month \_\_\_\_\_ Year \_\_\_\_\_

Do you attend Sunday school? \_\_\_\_\_ if yes, indicate your teacher/teachers \_\_\_\_\_

\_\_\_\_\_

Do you attend Bible Study? \_\_\_\_\_ If yes, indicate your teacher/teachers \_\_\_\_\_

\_\_\_\_\_

Church Auxiliaries/Ministries in which you are or have been active in the last year. Be sure to include Sunday school and/or Bible Study. If additional space is needed, please attach a separate sheet **(8 Points)**

**Auxiliary/Ministry**

**Sponsor or President**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Include a letter from sponsor or ministry leader that can attest to how active you have been in an auxiliary/ministry in the last year. (7 points)**

List school and community clubs/organizations in which you have been active in the last year. If additional space is needed, please attach a separate sheet. **(8 points)**

**Club/Organization(s)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List awards that you have received in the last year. (7 points)

**Awards**

_____	_____
_____	_____
_____	_____
_____	_____

**Essay**

**Indicate in essay form (200-250 words), double spaced, how the church has been or is an influential factor in your life. Also, indicate how you expect to use the church’s teaching in your future life. (Attach separate sheet) (20 points)**

**Letter of Recommendation**

**Attach letter of recommendation from your pastor or his/her designee. Letter must be on church letterhead. (Attach separate sheet) (10 points)**

Total number supported by parents or guardian (including self) \_\_\_\_\_

Total number supported by applicant \_\_\_\_\_ and/or spouse \_\_\_\_\_ (include self)

**Applicant’s income (if any)** \_\_\_\_\_

To certify that the information given on this application is true and correct to the best of your knowledge, please sign below:

Your signature \_\_\_\_\_ Date \_\_\_\_\_



**THIS SECTION IS TO BE COMPLETED BY THE PARENT, GUARDIAN AND/OR APPLICANT.**

Combined income of entire household. (Circle One) **You must circle one in order to qualify for points.**

Under	\$10,000	\$50,001 - \$60,000
\$10,001 -	\$20,000	\$60,001 - \$70,000
\$20,001 -	\$30,000	\$70,001 - \$80,000
\$30,001 -	\$40,000	\$80,001 - \$90,000
\$40,001 -	\$50,000	\$90,001 - \$100,000
	\$100,001 - Above	

**Attest:**

I hereby certify that this information is true, accurate and correct to the best of my knowledge and that I will cooperate with the committee's effort to verify the information if it becomes necessary.

Parent's/Guardian's or Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**THE SCHOLARSHIP COMMITTEE**

Fred Jeff Smith, Pastor  
Mrs. Betty Fisher  
Mrs. Je'ne Jones  
Mrs. Thelma Jones  
Dr. Betty Kennedy, Chairperson  
Mrs. Larender Smith  
Mrs. Rose Thomas  
Mrs. Carmen Victorian  
Mrs. Iris Walker, Secretary  
Mrs. Tonya Young

Rev. Jennifer Jones-Bridget, Director of Charitable Foundation  
Mrs. Clarice Gipson-Donaldson Chapel Baptist Church

**ROBERTA R. PAYNE MEMORIAL EDUCATION SCHOLARSHIP  
EVALUATION SHEET**

APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

Number of Points Received

\_\_\_\_\_ I. **EDUCATIONAL BACKGROUND**

Grade Point Average

2.5 - 2.9      4 pts \_\_\_\_\_

3.0 - 3.4      6 pts \_\_\_\_\_

3.5 - 3.7      8 pts \_\_\_\_\_

3.8 - 4.0      10 pts \_\_\_\_\_

\_\_\_\_\_ II. **CHURCH, SCHOOL AND COMMUNITY PARTICIPATION  
(Maximum 30 points)**

A. Church (15 points)

1. Letter from church sponsor (7 points) \_\_\_\_\_

2. Ministry activities (8 points, 1 point each) \_\_\_\_\_

B. School/Community (15 points)

1. Club participation in the last year (8 points) \_\_\_\_\_

2. Awards in the last year (7 points) \_\_\_\_\_

\_\_\_\_\_ III. **ECONOMIC NEED (Maximum 30 points)**

Determined by scale based on income and  
number of dependents

\_\_\_\_\_ IV. **APPLICATION COMPLETE AND NEATLY SUBMITTED  
(Maximum 5 points)**

\_\_\_\_\_ V. **PERSONAL STATEMENTS (Maximum 30 points)**

A. Letter of Recommendation from pastor or his/her designee  
(10 points) \_\_\_\_\_

B. Essay (20 points) \_\_\_\_\_

\_\_\_\_\_ VI. **LESS PENALTIES**

A. Incomplete Application \_\_\_\_\_ (10 points)

B. Handwritten Application \_\_\_\_\_ (10 points)

\_\_\_\_\_ VII. **TOTAL POINTS RECEIVED**

**ROBERTA R. PAYNE MEMORIAL TECHNICAL CAREER  
SCHOLARSHIP**

**ECONOMIC NEED SCALE**

<b>INCOME</b>	<b>DEPENDENTS</b>				
	1	2-3	4-5	6-7	8 or more
Below 10,000	30	30	30	30	30
10,001 - 20,000	29	29	30	30	30
20,001 - 30,000	27	28	30	30	30
30,001 - 40,000	25	27	29	30	30
40,001 - 50,000	23	26	28	30	30
50,001 - 60,000	21	25	27	30	30
60,001 - 70,000	19	24	26	30	30
70,001 - 80,000	17	23	25	29	30
80,001 - 90,000	15	22	24	28	30
90,001 - 100,000	13	21	23	27	29
100,001 - Above	12	20	22	26	29