



**185 Eddie Robinson Sr. Drive Baton Rouge, La 70802**

**Phone: 225-343-0640**

**2025**

***WALTER C. DUMAS SCHOLARSHIP***

Dear Applicant,

Thank you for applying for the Shiloh Baptist Church Foundation/*Walter C. Dumas Scholarship*. *The Scholarship Committee of Shiloh Missionary Baptist Church invites you to apply for one of the eleven scholarships that will be awarded in June of this year.*

This scholarship was established to honor high school seniors who are committed to achieving racial harmony and who value diversity. Three awards are presented to students of three different ethnic backgrounds. Each student is required as part of the application process to submit essays on racial harmony and the value of diversity. ***Members of Shiloh Baptist Church are ineligible to apply.***

Please read all of the instructions very carefully and follow them completely.

Three students will be selected to each receive a ***\$3,000.00*** scholarship to be used at their chosen four-year college or university.

1. Fill out every blank in your application including complete addresses and zip codes. Incomplete applications may lose points. (blue or black ink, application must be typed) neatly. ***Applications will be distributed Sunday April 27, 2025, thru Deadline on Sunday May 18, 2025, no later than 11:59am.***
2. Complete required essays. Essays are evaluated for content and quality of writing (spelling, grammar, punctuation).
3. Sign the form that authorizes the committee to verify your grades.
4. On the application, indicate the total number of persons in the household supported by Parents/guardians/applicant, and/or spouse, if applicable.
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.

If you have questions, *please contact one of the persons listed below, or if you need assistance with the application please contact the office to schedule an appointment.*

*Rev. Jennifer Jones, Chairperson, 225-343-0640*

*[jljones@shilohmbc.com](mailto:jljones@shilohmbc.com)*

*Ms. Jackie Williams, Adm. Assistant, 225-388-9998*

*[jwilliams@shilohmbc.com](mailto:jwilliams@shilohmbc.com)*

*Enclosure*

*The application is also available online at <http://www.shilohmbc.com>.*

*Sincerely,*

*Shiloh Missionary Baptist Church/Walter C. Dumas Scholarship Committee*

**2025**  
**WALTER C. DUMAS SCHOLARSHIP**

**CRITERIA FOR APPLICANTS**

1. Must be a *current* graduating high school senior enrolled in the East Baton Rouge Parish public school system.
2. Must be an ***active member*** of a church (***other than*** Shiloh Missionary Baptist Church), synagogue, mosque, or other, as evidenced by a letter from a leader of the applicant's place of worship.
3. Must have at least a 3.0 grade point average on a four-point scale.
4. Must exemplify qualities of scholarship, leadership, character, and community service as evidenced by school and/or other records.
5. This is **not** a financial need-based scholarship. Finances are taken into consideration.
6. Must have plans of graduating from a four-year college or university and be enrolled as a full-time student.
7. Must be able to associate harmoniously with students and faculty of different races, ethnic groups, and cultures, and participate in activities designed to promote better relationships among persons of diverse backgrounds.
8. Please **include a current (headshot) graduation photo** of the applicant, when submitting your application.
9. Must complete the application so that it will be postmarked or **delivered no later than 11:59am on Sunday, May 18, 2025.** (No exceptions)

*Applications may be mailed or hand-delivered to:*  
*Shiloh Missionary Baptist Church Charitable Foundation*  
***Attn: Rev. Jennifer Jones***  
*Telephone: 388-9998 or 229-8137*  
*185 Eddie Robinson Sr. Dr.*  
*Baton Rouge, LA 70802*



*2025*  
*WALTER C. DUMAS SCHOLARSHIP*

***SCHOLARSHIP REQUIREMENTS***

1. Scholarships shall be awarded to deserving high school seniors in the East Baton Rouge, Parish public school system.
2. Scholarships shall be awarded to three outstanding high school graduating seniors from three groups: one African American, one Caucasian, and one of another ethnic background.
3. Scholarships are intended for students who fulfill all the established criteria. Each scholarship award is worth *\$3,000.00*.
4. Scholarship money shall be used only for educational expenses at a four-year college or university. *(A written request is required for disbursement of scholarship along with a fee bill or receipt from the college or university. Please allow five business days for processing all requests.)*
5. All completed applications must be postmarked or delivered ***by Deadline date on Sunday May 18, 2025. (No exceptions).***
6. In the event of a tie, the committee will conduct *personal interviews* to determine a winner.



**2025**  
**WALTER C. DUMAS SCHOLARSHIP**

***SCHOLARSHIP APPLICATION***

DIRECTIONS: This application must be typed or printed in ink. All sections must be completed. The application must be postmarked or delivered by **Sunday, May 18, 2025.**  
***Type N/A if the question does not apply.***

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Mobile Telephone # \_\_\_\_\_

Birth date \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_

Year of High School Graduation \_\_\_\_\_ Name of High School \_\_\_\_\_

Name of High School Counselor \_\_\_\_\_

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

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

Do you live with both parents? Yes \_\_ No \_\_ If no, whom? \_\_\_\_\_

Guardian's name \_\_\_\_\_

Occupation of Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_

Father's Employer \_\_\_\_\_ Telephone # \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Telephone # \_\_\_\_\_

Guardian's Employer \_\_\_\_\_ Telephone # \_\_\_\_\_

***Place of Worship Information***

Do you attend church, synagogue, mosque, etc? \_\_\_\_\_ If yes, please give the name and address where you attend. \_\_\_\_\_

Please attach letter of recommendation from your pastor/church leader or his or her designee. ***(Letter must be on church letterhead)*** (7 points)

List ministries and activities in which you have been active during high school at your place of worship. ***(If additional space is needed, please attach a separate sheet of paper.)*** (8 points)

***Club/Organization***

***Grade Level***  
***(Include only 9<sup>th</sup> through 12<sup>th</sup> grades)***

*Examples:*

*Youth & Young Adult Choir*

*Youth Group*

*9<sup>th</sup>, 11<sup>th</sup>*

*9<sup>th</sup>, 10<sup>th</sup> 11<sup>th</sup>, 12<sup>th</sup>*

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### ***School and Community Organizations***

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

<b><i>Club/Organization</i></b>	<b><i>Grade Level</i></b> <b><i>(Include only 9<sup>th</sup> through 12<sup>th</sup> grades)</i></b>	<b><i>Name of Sponsor</i></b>
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*Examples:*

*Beta Club*

*International Club*

*11<sup>th</sup>, 12<sup>th</sup>*

*9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup> 12<sup>th</sup>*

*Mrs. Brown*

*Mr. Santiago*

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### **Honors and Awards**

List school, civic or church awards received in the last two years. **(7 points)**

Please include title of award, who gave the award, and the year the award was presented.

Example

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English II Award	English II teachers	2015
Science is Fun Award	Dow Chemical	2015
Varsity Soccer Letterman	Coach Barnes	2015

<i><b>Name of Award</b></i>	<i><b>Awarded by</b></i>	<i><b>Year</b></i>
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***Essay #1-Educational Plans***

On a separate sheet of paper, in 250 – 300 words, write about your plans for furthering your education. ***(10 Points)***

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### ***Essay #2- Racial Harmony***

On a separate sheet of paper, in 200 – 250 words, write what racial harmony means to you and what do you personally do to promote racial harmony. ***(20 Points)***

### ***Letter of Recommendation***

The letter of recommendation must be written by someone outside of your immediate family and who is not affiliated with the scholarship committee. ***This letter must primarily address the applicant's interactions with other students, faculty or people of different races that promoted better racial harmony. (Specific examples should be provided) (10 Points)***



THIS SECTION IS TO BE COMPLETED BY THE PARENT, GUARDIAN AND/OR APPLICANT,  
IF ADULT

*Combined gross income of the entire household. (Select one) You must circle one to qualify for points.*

☐ Under - \$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

☐ 50,001 – 60,000

☐ Over \$100,000

Total number of people presently supported by parents or guardian  
(Include parents and self) \_\_\_\_\_

***Attest***

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

***Applicant signature*** \_\_\_\_\_

***Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

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***THIS SECTION IS TO BE COMPLETED BY THE PARENT***

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

***Parent or Guardian's*** \_\_\_\_\_

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



## ***WALTER C. DUMAS SCHOLARSHIP***

### ***RELEASE FORM***

*Dear Principal or Guidance Counselor:*

*I, \_\_\_\_\_, do hereby acknowledge that the Shiloh Missionary Baptist Church/Walter C. Dumas Scholarship Committee is seeking information relative to my academic performance. Therefore, in accordance with any and all applicable laws, rules or regulations, I hereby approve the release of the information requested below.*

***Student's signature :*** \_\_\_\_\_

***(PLEASE PRINT)***

Name of Student \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_ Telephone # \_\_\_\_\_

Name of High School \_\_\_\_\_

\_\_\_\_\_

Address of School \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Guidance Counselor \_\_\_\_\_

Telephone # \_\_\_\_\_

***Please include this sheet with your Scholarship Application***

*2025*  
*SHILOH MISSIONARY BAPTIST CHURCH/WALTER C. DUMAS*  
*SCHOLARSHIP*

*Letter of Recommendation Form*

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*Applicant's Name*

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*Signature of Recommender*

*This letter of recommendation must be written by someone outside of the applicant's family and who is not affiliated with the scholarship committee.*

*The letter must primarily address the applicant's interactions with other students, faculty or people of different races that promoted better racial harmony.*

*(Specific examples should be given.) The letter may be written on this form or attached to this form.*

2025

*SHILOH MISSIONARY BAPTIST CHURCH /WALTER C. DUMAS  
SCHOLARSHIP*

*CHECKLIST*

\_\_\_\_\_ *All personal and family information given*

\_\_\_\_\_ *Name and address of place of worship*

\_\_\_\_\_ *Letter from place of worship*

\_\_\_\_\_ *Essay #1- Plans for furthering education*

\_\_\_\_\_ *Essay #2- How you promote racial harmony*

\_\_\_\_\_ *Letter of Recommendation about Racial Harmony/Form*

\_\_\_\_\_ *Household Income*

\_\_\_\_\_ *Attest statement signed by parent*

\_\_\_\_\_ *Release form*