



2026

**ROBERTA R. PAYNE MEMORIAL EDUCATION SCHOLARSHIP**

*Dear Applicant:*

*The Scholarship Committee of Shiloh Missionary Baptist Church invites you to apply for the **Roberta R. Payne Memorial Education \$1,000.00** scholarship that will be awarded in **June** of this year. The scholarship is awarded based on grade point average, church/school/club participation, economic need, letter of recommendation from teacher/school principal, essay on what the church means to you, and application typed and neatly completed.*

Applications are available April 23, through May 24, 2026, on Shiloh's web site at **www.shilohbr.com**.

**Applications are due no later than 11:59 p.m. Sunday, May 24, 2026.**

Completed applications can be emailed to

[jturner@shilohmbc.com](mailto:jturner@shilohmbc.com) or [jwilliams@shilohmbc.com](mailto:jwilliams@shilohmbc.com),

hand delivered or mailed to

**Shiloh Scholarship Committee**

**185 Eddie Robinson Sr. Dr.**

**Baton Rouge, Louisiana 70802**

**WHEN SUBMITTING YOUR APPLICATION BY EMAIL CALL 225/343-0640 TO CONFIRM THAT THE APPLICATION HAS BEEN RECEIVED.**

If you have any questions, please contact any one of the people listed below, or if you need assistance with the application, please contact the office.

*Leslie Brown Vincent*

*225-343-0640*

*Ms. Jackie Williams, Adm. Assistant*

*225-388-9998*

**2026**

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

**STEPS THAT NEED YOUR ATTENTION**

1. Fill out every blank in your scholarship application. The application must be typed. Handwritten applications will not be accepted. Incomplete applications will lose 10 points.
2. Submit a transcript on or before ***May 24, 2026***, 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 submitted Sunday, May 24, 2026. Email to: [jturner@shilohmbc.com](mailto:jturner@shilohmbc.com), or [jwilliams@shilohmbc.com](mailto:jwilliams@shilohmbc.com), no later than 11:59 a.m.  
Mail to: Attn Scholarship Committee, 185 Eddie Robinson Sr. Dr., Baton Rouge, Louisiana 70802. (Post marked no later than May 24) *No exceptions will be made.*
5. Select the total income of the entire household. If you do not select an answer, You will not receive any points in this category.
6. Indicate the total number of people in the household supported by Parents/guardians/applicant, and/or spouse, if applicable.
7. **All letters of recommendation must be signed by the teacher/school principal, Sunday school/Bible study teacher, pastor or his/her designee or ministry leader to be accepted.**
8. Include a current (*headshot*) graduation photo when submitting your application.

2026

**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 administers 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. Evaluate and revise the Roberta R. Payne Memorial Education Scholarship guidelines as needed.

**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**

The scholarship award is \$1000.

**V. REQUIREMENTS OF SCHOLARSHIP APPLICANTS**

- 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. Have a grade point average of at least **2.5**.
- D. Must be a certified college junior, senior or graduate student.
- E. Include a current ***graduation (headshot) photo*** when submitting your application.

## 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. ***The application must be typed. Handwritten applications will not be accepted.***
- B. An official copy of a college transcript *must* accompany the application.
- C. Letters are sent to church ministry and auxiliary leaders requesting information on each applicant.
- D. After all the information is back, the committee meets to determine the recipient.
- E. The committee evaluates each applicant based on the attached criteria.
- 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 determined. 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 (*fee bill*) 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/school/club participation (provide recommendation letters from pastor or his/her designee, teacher/school principal and/or ministry leader).
- 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. NOTE: An applicant cannot apply for or be awarded more than one scholarship per year that is administered by the Shiloh Missionary Baptist Church.
- 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 by ten points.***
- B. Handwritten applications will not be accepted***

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

**2026**

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

**PLEASE SUBMIT A CURRENT TRANSCRIPT *On or Before May 24, 2026.***

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

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

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

Home Address \_\_\_\_\_ City/State \_\_\_\_\_

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? \_\_\_\_\_

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

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

What church are you a member of? \_\_\_\_\_

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**

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**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)**

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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 of the 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. The letter must be on the 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** \_\_\_\_\_

**2026**  
**ROBERTA R. PAYNE MEMORIAL EDUCATION**  
**SCHOLARSHIP**

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

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

- |  |   |
|--|---|
| <input type="checkbox"/> Under \$10,000      | <input type="checkbox"/> \$50,001 - \$60,000  |
| <input type="checkbox"/> \$10,001 - \$20,000 | <input type="checkbox"/> \$60,001 - \$70,000  |
| <input type="checkbox"/> \$20,001 - \$30,000 | <input type="checkbox"/> \$70,001 - \$80,000  |
| <input type="checkbox"/> \$30,001 - \$40,000 | <input type="checkbox"/> \$80,001 - \$90,000  |
| <input type="checkbox"/> \$40,001 - \$50,000 | <input type="checkbox"/> \$90,001 - \$100,000 |
| <input type="checkbox"/> \$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 EVALUATION SHEET**

**2026 ROBERTA R. PAYNE MEMORIAL EDUCATION SCHOLARSHIP**

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)

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

**2026**  
**ROBERTA R. PAYNE MEMORIAL**  
**EDUCATION 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        |