



**EBENEZER AFRICAN METHODIST EPISCOPAL CHURCH**

## **2021 Betty T. Wooten Nursing Scholarship Application**



**The Betty T. Wooten Nursing Scholarship** is for members of Ebenezer A.M.E. Church who plan to further or continue their education in the Fall of 2021 full time at an accredited college or university with an accredited nursing program or related medical field; **First year college student's (freshman) whose parent succumbed to breast cancer may also apply irrespective of major.** Applicants must be a recorded member of Ebenezer as of **January 2020.**

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7707 Allentown Road • Fort Washington, MD 20744 • Phone: 301/248-8833  
Rev. Dr. Grainger Browning, Jr., Senior Pastor • Rev. Dr. Jo Ann Browning, Co-Pastor

Dear Ebenezer Scholarship Applicant:

**PRAISE THE LORD!** The Sisters Helping Sisters Ministry of Ebenezer A.M.E. Church is blessed to provide the Betty T. Wooten Nursing Scholarship to qualified students who plan to continue their education at an accredited college or university with an accredited nursing program or related medical field in the Fall of 2021. **(Please see requirements below).**

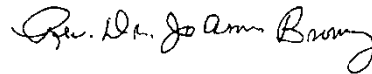
The Betty T. Wooten Nursing Scholarship is given to young women/men of Ebenezer who are eligible for graduation from a high school or an alumni of a school in Prince George's County and are planning to further or continue their education in the Fall of 2021. **First year college student (freshman) whose parent succumbed to breast cancer are also eligible for the scholarship.** Scholarship applicants should be recorded members of Ebenezer as of **January 2020.**

Each year the Ebenezer Church Family looks forward to encouraging our members to obtain a richer educational experience. May God continue to bless you in your efforts to achieve your educational goals.

Yours in Christ's Love and Power,



Rev. Dr. Grainger Browning, Jr.,  
Senior Pastor



Rev. Dr. Jo Ann Browning,  
Co-Pastor

### **REQUIREMENTS**

To be eligible for this scholarship you must:

1. Be a recorded member of Ebenezer A.M.E. Church as of **January 2020.**
2. Be eligible to further or continue your education in the Fall of 2021 at an accredited college or university.
3. Be a participant in more than one specified Ebenezer A.M.E. Church ministry and have completed required community service hours for graduation eligibility.
4. Submit **two** 500-word essay one of the following topic:

**“The Importance of Nurses in Healthcare and why Nursing is for me”  
and  
“The impact breast cancer has had on my life”**

5. Submit an official Letter of Acceptance or proof of your enrollment for the Fall 2021 semester at an accredited college or university with an accredited nursing program or related medical field. If submitting as a student whose parent succumbed to breast cancer, submit proof of acceptance to an accredited university irrespective of major.
6. **Submit the completed application and all required supporting documentation via email to [scholarships@ebenezerame.org](mailto:scholarships@ebenezerame.org). ALL INFORMATION MUST BE SUBMITTED ELECTRONICALLY IN ONE PDF DOCUMENT TO THE EMAIL ADDRESS ABOVE. Applications will only be accepted via email by the deadline (April 1, 2021)**

### **Scholarship Ministry Contact Information**

- Scholarship Ministry email address: [scholarships@ebenezerame.org](mailto:scholarships@ebenezerame.org)
- Scholarship Ministry telephone number: (301) 248-3081

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**All June 2021 Betty T. Wooten Nursing Scholarship Applications and supporting materials must be received by April 1, 2021 via email in one PDF document**

**1. CONTINUING EDUCATION IN THE FALL 2021 (PLEASE PRINT INFORMATION)**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street

\_\_\_\_\_ Telephone ( ) \_\_\_\_\_

City State Zip Code

Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

**2. ACADEMIC BACKGROUND**

High School/College \_\_\_\_\_  
Name City State

Academic Honors: \_\_\_\_\_  
\_\_\_\_\_

School / College activities in which you have participated: \_\_\_\_\_  
\_\_\_\_\_

**3. MEMBERSHIP INFORMATION**

Ebenezer Membership Date: \_\_\_\_\_

List church ministries in which you have actively participated: \_\_\_\_\_  
\_\_\_\_\_

List community service/outreach you have done within the past four years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 4. SCHOOL OF CHOICE

Educational Institution that you plan to attend:

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New or Returning Student: \_\_\_\_\_

Will you be attending  Full-Time  Part-Time

Date term begins \_\_\_\_\_

What type of degree will you be seeking?  Bachelor's  Associate's

Intended Major \_\_\_\_\_ Intended Minor \_\_\_\_\_

Total estimated cost of tuition and other fees per semester:

\$ \_\_\_\_\_

#### 5. PERSONAL INFORMATION

Name and address of parent(s) and/or guardian(s) with whom you live:

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

Relationship: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

State \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Parent/Guardian Signature