## SONS OF ALLEN NINTH EPISCOPAL DISTRICT AFRICAN METHODIST EPISCOPAL CHURCH BROTHER LAMAR P. HIGGINS MEMORIAL SCHOLARSHIP APPLICATION

Full Name		
Address		
Telephone		Date of Birth
Email		
PARENTS/GU	JARDIAN NAME	
Mother		
Father		
Guardian		
CHURCH ME	MBERSHIP	
Name of Chur	ch	
Address		
Presiding Elde	er District	Conference
CHURCH PA	RTICIPATION	
Conference a activity is liste	nd/or Connectior	evolved with on the Local, Presiding Elder District, all level in the church or community. If a community a letter from the head of the activity describing the r affiliation.
ACADEMIC E	BACKGROUND	
	dress of the High currently enrolle	School, College, University or Trade/Technical School ed.
Name of Scho	ool	
Address		
Full-Time	Part Time	Current Year in Studies Graduation Date

Major	Minor	
UndeclaredTechnical Pursuit/	「rade	
ACADEMIC PERFORMANCE		
Honor Roll Dean	s List	Year
LEADERSHIP ROLES AND EXTRA C	JRRICULAR ACTIVITI	IES
Be certain that you have completed the documents. Submit application and docented and or Pastor if no Unit President.	cuments to either your	
All signatures must be provided for the REQUIRED SIGNATURES:	application to be proce	ssed.
Applicant		Date
Sons of Allen Unit President (If there is	 one)	Date
·	,	
Pastor		Date
PE District Chapter Coordinator (Option	al)	 Date
Conference Coordinator		Date
Episcopal District Co-Coordinator		 Date
Please use additional sheets of paper if name must precede your answer.	needed to complete a	section. The section