**The Cameron Sylvester Williams Scholarship**

The Benevolent Church of God Family Development Ministries

P.O. Box 93

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**GUIDELINES**

**AWARD**

• **Approved recipient eligible to receive $1,500.00 (one thousand and five hundred dollars) one-time scholarship.**

**To qualify for a Scholarship**

* Be enrolled in a nationally accredited nursing program.
* Be enrolled in an associate, baccalaureate or master’s degree in nursing program
* Have a financial need.
* Completed application must be received by application deadline

**Criteria for Selection**

* Minimum GPA 2.5 – undergraduate level
* Minimum GPA 3.0 – graduate level
* Potential to contribute to the nursing profession and society
* Demonstrated financial need
* Supportive references

\*\* Required documents:

* Transcript including nursing program
* 2 letters of reference

**Application Process – *Please Read Carefully***

* Application must be submitted via <https://restoringjoy.typeform.com/to/qhvqOMvQ>. Incomplete applications will not be accepted.
* Once you upload your application packet, you will receive a confirmation email of receipt from [benevolentchurch@msn.com](mailto:benevolentchurch@msn.com). Please keep this receipt for your records.
* You are requested to make a copy of your application materials for your records. The original and all supporting documents are to become the property of the Benevolent Church of God and are not returnable.
* Recipients consent to the publication and public distribution, including through news media and websites, of the announcement of scholarship funding (including digital photos), as part of the awards ceremony promotional activities or family development programming.
* **Incomplete or late applications will not be considered. Completed application must be submitted by June 30th via** **<https://restoringjoy.typeform.com/to/qhvqOMvQ>.**
* Notification of award recipient(s) occurs approximately **2-3** weeks after application deadline.
  + An interview process may be required to determine the final award recipient.
* The name of the recipient(s) of the Cameron Sylvester Williams Nursing Scholarship will be announced at least 2 weeks prior to Award Ceremony.
* Scholarship funds will be awarded on **August 7th** during an Award Ceremony. **The recipient(s) will be requested to attend a scholarship awarding ceremony (in-person or virtually) to receive their award.**

**Application Questions**

**Please remember your responses MUST be submitted online via** [**https://restoringjoy.typeform.com/to/qhvqOMvQ**](https://restoringjoy.typeform.com/to/qhvqOMvQ)

What is your full name? Please provide your full legal name.

Please confirm you meet the following criteria: Choose as many as you like

A - Enrolled in a nationally accredited school of nursing

B- GPA of 2.5 or higher

C - Have a specific financial need

D - If selected as a recipient of the scholarship, agree to accept the award during a scholarship awarding ceremony

E - Have an email address - \*most communications are done via email

Name and address of the college or university in which you are enrolled:

What nursing degree are you pursuing?

A - Associate degree

B - BSN (basic student; not yet licensed as a RN

C - RN to BSN

D - Master's in nursing

When is your expected date of graduation?

Please state why it is necessary for you to receive the Cameron Sylvester Williams Scholarship.

Please state your goals and your assessment of your potential to contribute to nursing, your community or society.

What email address should we use to contact you?

What mailing address should we use to contact you?

What is the best phone number to contact you?

Please upload the latest version of your CV or resume.

Please upload your transcript including semesters in the nursing program.

Please upload a letter of reference #1

Please upload a letter of reference #2