



## ***The Willing Workers of Oxon Hill, Inc.***

The Willing Workers of Oxon Hill, Inc. is a non-profit (501(c)3) charitable organization founded in 1976 for the purpose of assisting youth and providing scholarships to Prince George's County High School students.

## ***General Information***

The Willing Workers of Oxon Hill, Inc. will present the Jacob B. Terrell, Jr. Community Scholarship of one thousand dollars (\$1,000.00) to a candidate who successfully meets the requirements of this 2019 scholarship program. The scholarship will be awarded on Saturday, April 27, at Camelot by Martin's (13901 Central Ave., Upper Marlboro, Maryland) during the organization's spring event – An Afternoon Delight. The recipient's name and photo will also be published on the Willing Workers of Oxon Hill, Inc.'s website: [www.willingworkersofoxonhill.com/JBTApp](http://www.willingworkersofoxonhill.com/JBTApp). Additional applications may be obtained from the website.

## ***Eligibility Criteria***

Incomplete applications will not be considered. Applicants applying for Jacob B. Terrell, Jr. Scholarship must meet the following requirements:

- be a graduating senior enrolled in one of the following community high schools: Crossland, Friendly, Gwynn Park, Oxon Hill, Potomac, Suitland or Surrattsville;
- be a citizen of the United States of America;
- complete and submit the scholarship application by the April 5, 2019 deadline;
- have a 3.0 or higher GPA;
- provide a mid-year official sealed transcript (A final transcript may be requested by the committee if deemed necessary);
- State your point of view, pro **or** con, regarding the following statement and discuss your position in a 400-500 word essay. *A border fence should be constructed between the U.S. and Mexico.*
- submit documentation of your community service; and
- be available for an interview with the selection committee during the week of April 15-19, 2019.

## ***Dates and Deadlines***

April 5, 2019 Applications must be postmarked by this date.  
April 15-19, 2019 Interviews will be conducted.

## ***Contact Information***

Completed applications should be mailed to:  
Willing Workers of Oxon Hill, Inc.  
Post Office Box 42

If you have questions about the scholarship program, please contact:  
Ms. Brenda Henderson at (301) 899-2606 or  
Ms. Ruth Derr at (301) 322-5079

**The Willing Workers of Oxon Hill, Incorporated**  
**2019 Jacob B. Terrell, Jr. Community Scholarship Application**

**If additional space is needed to respond to any item on this application, please provide the information on plain bond paper and attach to application.**

**Note: Please enclose a senior photo.**

PERSONAL DATA		
Name:		
Street Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Date of Birth
Email Address:		
Name of parents or guardians:		
Parents'/Guardians' address (if different from above):		
City:	State:	Zip:
Telephone Number:		
Name and location of high school(s) attended:		
Counselor:		
Give the name and location of the institution of higher learning you plan to attend:		
High school principal:		
What is your proposed major field of study?		
What are your occupational goals upon graduation from the institution of higher learning?		

**FINANCIAL NEED**

How do you plan to defray expenses for your education? Please identify below in order of priority: (1 = greatest; 5 = least)

Parent/guardian [ ]      Student loan [ ]      Student job [ ]      Student grant [ ]

Other (specify)

Have you applied for other scholarship(s)?      Yes [ ]      No [ ]

If you have been notified that you will receive a scholarship, please identify the amount and what part of your expenses will be covered.

Please prioritize the area in which you have the greatest financial need (1=greatest need; 5=least need)  
clothing [ ]      tuition [ ]      books [ ]      transportation [ ]

Other (specify):

**SCHOOL INVOLVEMENT**

Identify school involvement, such as: honor societies, class organizations, student government, special clubs (English, dance, newspaper, etc.) extra-curricular activities (sports, band, chorus, cheerleader, etc.). Also indicate if you held office or won special recognition.

**COMMUNITY SERVICE INVOLVEMENT**

Please provide the name of the community organization with which you were involved and describe the activity below:

## INTERVIEW

An interview of the applicants is part of the evaluation process. Each applicant will be interviewed during the week of April 15-19, 2019. Interview times will be available during the evening hours. During the interview, the applicants will be asked some general questions and also talk about the essay. This information, in addition to information in other parts of the application, will help the Selection Committee identify the scholarship recipient/awardee. The applicants will be contacted to determine the time and place for their interview.

## APPLICANT CERTIFICATION

I certify that the information in this application is true and accurate, and that all statements and the essay are my own work. I understand that the selection committee reserves the right to verify any or all information contained in this application. All application material becomes the property of the Willing Workers of Oxon Hill, Inc. at the completion of the interview process. The Willing Workers of Oxon Hill, Inc also has permission to use photos of me (senior photo and photos taken at the events) on their website and in publications.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TO BE COMPLETED BY SCHOOL COUNSELOR

The Willing Workers of Oxon Hill, Inc.  
Post Office Box 42  
Oxon Hill, MD 20745

**Academic Achievement**

**Please include an official sealed transcript.**

Student's Name: \_\_\_\_\_

School Name and Address: \_\_\_\_\_

\_\_\_\_\_

**Please complete the following for the student named above and AFFIX SCHOOL SEAL/SCHOOL STAMP**

- The above-named student is officially enrolled in the 2018/2019 academic year. Yes \_\_\_ No \_\_\_
- The student has a cumulative Grade Point Average of \_\_\_\_\_
- The student has an anticipated graduation date of \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

School Counselor/ Administrator

**School Seal/School Stamp**

Date: \_\_\_\_\_

Phone: \_\_\_\_\_