

# Robert J. Taylor Scholarship Foundation Bishop Robert J. Taylor

## *To The Applicant:*

This packet is designed to provide the Selection Committee with the necessary information for you to apply for the Robert J. Taylor Scholarship. Careful consideration and particular attention to deadlines and eligibility requirements should simplify the acceptance process for you.

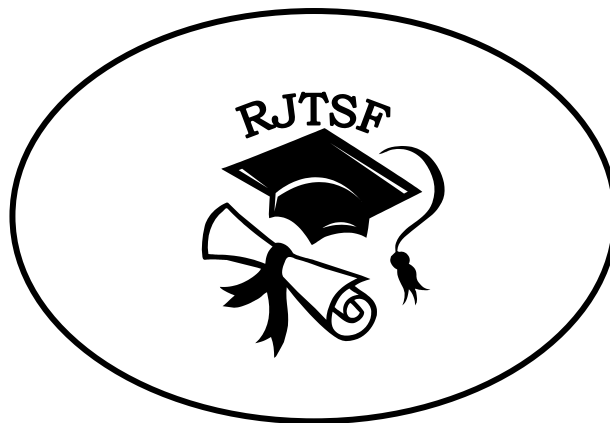
Before you begin the task of filling out lengthy forms, it is important that you know more about the acceptance process. The Selection Committee evaluates and makes decisions on the applications. All committee members will read and evaluate your application. Although it is by no means a perfect process, ours is a very careful, conscientious and a personal one.

The committee members are interested in both your academic and nonacademic qualifications, as assessed through your high school record, test scores, application, recommendations and personal interview. Put very simply, we seek a diverse group of people, composed of academically talented students who will benefit from the Robert J. Taylor Scholarship and contribute to the community.

We leave you two thoughts as you fill out the application. The committee members are interested in learning more about you – not about the person you may picture as the ideal candidate. Secondly, an honest, open and well-written application is appreciated. We hope you will enjoy the application process. You may learn as much about yourself by answering these questions as we learn about you by asking them.

If we can be of any assistance to you during this process, please let us know.

*The Selection Committee*



# Robert J. Taylor Scholarship Foundation

## *Eligibility Requirements*

1. Academic Achievement (GPA). (Minimum 2.5)
2. ACT or SAT Scores.
3. Extracurricular Involvement and/or Leadership.
4. Volunteer and/or Community Service.
5. Essay.
6. Active Church Participation (Sunday School, Discipleship Training Union (DTU), Bible Study, Youth Department or Auxiliary). **Church Attendance only does not satisfy the requirement of Active Church Participation. A candidate may be disqualified if Church participation is not evident on the application or cannot be verified.**
7. High School Counselor's Recommendation.
8. Letter of Acceptance from a four-year University, College, Vocational or Trade School.
9. Student Must Be Entering Freshman / first year.

## *Information and Special Instructions for All Applicants*

### *Eligibility:*

You will be considered a freshman applicant if you have not completed high school before the end of the current academic year and/or have taken less than three college-level courses. Official transcripts of all academic work undertaken are a required part of the application; therefore, students may not reduce their academic credits in order to qualify as freshman applicants.

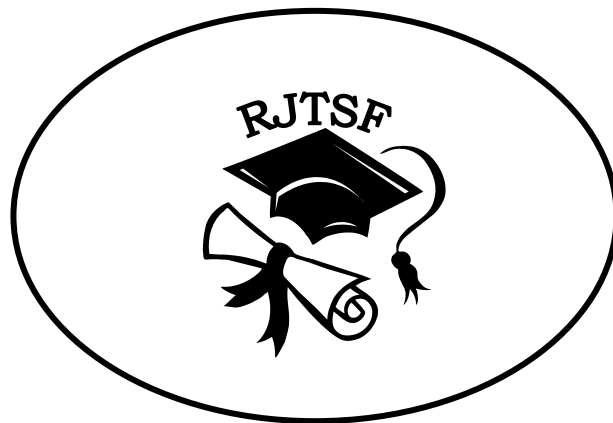
### *Confidentiality:*

Your application file is viewed only by the members of the Selection Committee, each of whom is instructed to maintain strict confidentiality.

### *Personal Interview:*

An interview is an important part of the selection process. The top applicants will be invited to interview with members of the Selection Committee before a recommendation to the Board of Directors of the Robert J. Taylor Scholarship Foundation is made. The interview requirement is met in the following ways:

- (1) Notification of appointment date and time;
- (2) Onsite interviews at **Greater North Shore FGBC, 840 Voters Road, Slidell, LA 70461; or via Social Media.**
- (3) Interviews are conducted by the Selection Committee.



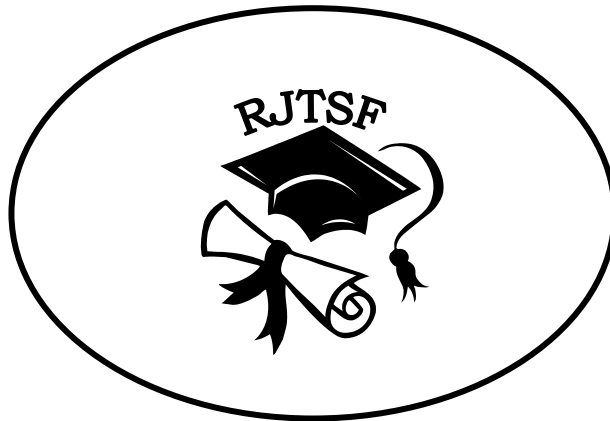
## Checklist

Complete credentials for acceptance include the following forms. This list must be used to check off application materials.

### Scholarship Applicant Checklist

- Application (Postmarked by April 27, 2025)
- Counselor recommendation
- Official transcript
- ACT or SAT Scores (Please submit a copy)
- Essay
- Letter of Acceptance (University, or Vocational/Technical College, etc.)

**DEADLINE: Sunday, April 27, 2025**



I certify that the information provided on this application is accurate and complete and acknowledge that any omission or inaccurate information could jeopardize my standing with the Foundation.

I further certify that I will, if accepted, abide by and support the Honor System of Greater North Shore Full Gospel Baptist Church.

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

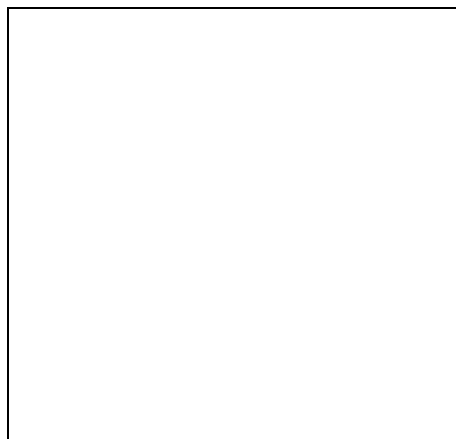
Date \_\_\_\_\_

**PLEASE RETURN THIS SHEET  
WITH YOUR APPLICATION.**

## *Freshman Admission Application*

All applicants for freshman admission must file the information listed below. Forms may be sent when completed. You must collect all items before mailing application to: **Robert J. Taylor Scholarship Foundation, P. O. Box 2422, Slidell, LA 70459-2422**

1. **Name:** \_\_\_\_\_  
Last Name First Name Middle Name
2. **Mailing Address** \_\_\_\_\_  
Number Street City State Zip Code
3. **Permanent Residence** \_\_\_\_\_  
(If different from above) Number Street City State Zip Code
4. **Telephone** (\_\_\_\_) \_\_\_\_\_
5. **Single** \_\_\_\_\_ **Married** \_\_\_\_\_
6. **Date of Birth** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_  
Month Day Year
7. **Place of Birth** \_\_\_\_\_  
County/Parish City State Country
8. **Please indicate your predominant ethnic background**  African-American  American Indian  
 Asian-American  Mexican-American or Chicano  Spanish  White or Caucasian  Other
9. **Father's Name:** \_\_\_\_\_ **Occupation** \_\_\_\_\_  
Last Name First Name Middle Name Occupation
- Place of Birth** \_\_\_\_\_ **Living?** \_\_\_\_\_  
County/Parish City State Country
- Place of Residence** \_\_\_\_\_  
(If different from above) Number Street State Zip Code
- Mother's Name:** \_\_\_\_\_ **Occupation** \_\_\_\_\_  
Last Name First Name Middle Name Occupation
- Place of Birth** \_\_\_\_\_ **Living?** \_\_\_\_\_  
County/Parish City State Country
- Place of Residence** \_\_\_\_\_  
(If different from above) Number Street City State Zip Code
10. **Please attach a photograph of yourself to the square below:**



11. List below in chronological order, beginning with the most recent, all high schools you have attended or are attending. On a separate sheet, please account for any periods (except summer) you were not in school.

School Name	City	State	Dates of Attendance	Dates of Graduation

12. Please provide the following information: (Please attach required report on mail along with pdf).

- Counselor’s Recommendation
- Official transcript with cumulative Grade Point Average (GPA) (sent by counselor)
- Copy of ACT or SAT Scores Report

13. Please list the names of the Universities/Colleges/Schools to which you are applying:

School	Address	New Entrant	Accepted Yes	Accepted No

14. Briefly describe any scholastic distinctions or honors you have received since the ninth grade.

15. Essay. We would like to get to know you as well as possible. On a separate sheet(s) in three (3) or more paragraphs and no more than 250 words, tell us something you would like us to know about yourself that was not included in this application.

16. Considering these attributes, please check the single most appropriate box. (Please include work experience with Community/Volunteer Activities)

Types of Activities	Grade level or year of participation				Approximate number of weeks per year involved	Positions held or honors received
	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>		
Co-Curricular						
Community/Volunteer						

17. Name Of Your Church \_\_\_\_\_

Address \_\_\_\_\_  
 Number Street City State Zip Code

Pastor's Name / Telephone \_\_\_\_\_ Number of Years \_\_\_\_\_

Denomination \_\_\_\_\_ Duplex # \_\_\_\_\_

18. Please indicate the areas in which you are involved in your church. (Please review eligibility requirements).

Church Involvement	CURRENT			PAST			Positions Held
	Regular	Occasional	Seldom	Regular	Occasional	Seldom	
Sunday School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Discipleship Training Union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Weekly Bible Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Youth Dept./Ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Ministries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

19. Verification Signature of Pastor / Superintendent / Youth Director:

\_\_\_\_\_  
 Signature Title Telephone Number

20. Pastor / Superintendent / Youth Director Comments you believe are pertinent. Please do not use the student's name.

## Counselor Recommendation Form – Page 1 of 2

### *To The Applicant:*

Please complete this section only. Your signature will serve as an authorization to your high school for release of information. After signing, please deliver the form to your counselor.

Student's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_ Date of Birth \_\_\_\_\_

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1. Name of School \_\_\_\_\_

2. Accredited by \_\_\_\_\_ 3. City, State \_\_\_\_\_

4. How long have you known the applicant? \_\_\_\_\_

5. In what capacity? \_\_\_\_\_

6. Cumulative Grade Point Average (GPA) : \_\_\_\_\_

7. Test Scores:

ACT \_\_\_\_\_  
Score Date

SAT \_\_\_\_\_  
Score Date

8. Check the category which you think the academic record of the applicant will fall:

Excellent       Above Average       Average       Below Average       Failure

9. Without using the student's name; please make any comments below which you believe are pertinent.



Counselor Recommendation Form – Page 2 of 2

10. Considering these attributes, please check the single most appropriate box.

Evaluation	Poor	Fair	Good	Very Good	Excellent	No Basis for Judgment
Strength of Academic Curriculum						
Academic Motivation/Self-Discipline						
Academic Growth Potential						
Reaction to Setbacks						
Leadership						
Self-Confidence						
Warmth of Personality						
Emotional Maturity						
Concern For Others						
Respect Accorded by Faculty						

11. Please complete this form and return it by **April 27, 2025**. Please attach any additional information (including transcripts, ACT Scores and recommendations). Thank you for your assistance.

Signature \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

Please mail this Recommendation Form, transcripts, etc. to:

Robert J. Taylor Scholarship Foundation  
 ATTN: Scholarship Selection Committee  
 P. O. Box 2422  
 Slidell, LA 70459-2422