

**CONNECTIONAL LAY COUNCIL  
THE AFRICAN METHODIST EPISCOPAL ZION  
CHURCH**



**BISHOP GEORGE JUNIUS LEAKE, III  
MEMORIAL SCHOLARSHIP  
GUIDELINES AND APPLICATION**

**Mrs. Yvonne A. Tracey, General President  
The Right Reverend Kenneth Monroe,  
Board of Lay Activities Chairman**

**THE CONNECTIONAL LAY COUNCIL  
THE AFRICAN METHODIST EPISCOPAL ZION CHURCH**

**BISHOP GEORGE JUNIUS LEAKE, III  
MEMORIAL SCHOLARSHIP FUND**

**INTRODUCTION**

The Connectional Lay Council established the Bishop George Junius Leake, III Memorial Scholarship in 1981 under the presidency of Dr. Betty V. Stith. The scholarship is designed to perpetuate the legacy of Bishop Leake by offering financial assistance to A.M.E. Zion students enrolled at Hood Theological Seminary.

Bishop Leake was a proponent of academic excellence and spiritual growth. He strongly advocated educational preparation for those called to proclaim God's Word and to lead His people to Kingdom building. Therefore, the purpose of the scholarship is to encourage and enable members of the A.M.E. Zion Church to fulfill their calling via religious studies and Christian Education.

Bishop Leake was born November 21, 1929 in Wilson, NC. He entered the traveling ministry in **1950**. Bishop Leake graduated from Livingstone College in 1957 and received a Masters of Divinity from Hood Theological Seminary in 1960. He was elected to the Episcopacy in May 1972 and died June 15, 1981. Bishop Leake urged the Connectional Lay Council to "make a difference" and it is in that spirit that the memorial scholarship was initiated to perpetuate his memory and dedication to Zion Methodism.

**SCHOLARSHIP GUIDELINES**

Eligibility Criteria:

- College or university graduate
- A cumulative GPA of 3.0 or greater
- Accepted/Enrolled as a **full-time student** in the **M.Div., MTS or DMIN program** at Hood Theological Seminary.
- Documentation supporting leadership qualities, volunteer and civic services.
- Member in good standing of the A.M.E. Zion Church.

Amount of Award:

Up to \$3,000 Annually

(The scholarship award will be given to the institution in the name of the recipient. The student will not receive cash.)

Number of Awards per semester:

- (1) one award per semester, with flexibility to award  
(2) two awards per semester if equally qualified academically and financially

Application Process:

Applicants must submit the following documents on or before the established deadline to the Bishop George J. Leake, III Scholarship Selection Committee:

- Completed Bishop George J. Leake, III Memorial Scholarship Application.
- Three (3) letters of recommendation documenting status in local church, leadership qualities, volunteer and civic services.
- Official transcript, bearing college/university/seminary seal
- Acceptance letter to Hood Theological Seminary, new/transfer students only.

- Selection Process: A selection committee will meet annually to review applications and select the finalist. Committee members with acquaintance/knowledge of applicants will excuse themselves from the selection process on a per incident basis
- Decisions of the selection committee are final.
  - The Scholarship Committee will notify recipients and **HTS** of the scholarship award.
- Recipient Requirements: Recipient must maintain a full-time student status, membership in good standing in the A.M.E. Zion Church and a cumulative GPA of 3.0
- Deadlines: Applications will be accepted for the Fall Semester from **July 1<sup>st</sup>** through **September 1<sup>st</sup>**
- Applications will be accepted for the Spring Semester from **January 2<sup>nd</sup>** through **January 30<sup>th</sup>**
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#### **APPLICATION COMPLETION CHECKLIST**

- ✓ Completed application form, including personal statement.
- ✓ Three (3) recommendation forms that have been sealed and signed on the flap of the envelope.
- ✓ Official unopened transcript from college/university/seminary with the cumulative GPA listed.
- ✓ Acceptance letter from Hood Theological Seminary, if applicable.
- ✓ Evidence of financial need from the HTS Financial Aid Department.

*Submit all materials together. Type or use black ink to complete application. Blue ink or pencil is not acceptable.*

**Send completed application to: The Connectional Lay Council  
Attn: Scholarship Committee  
P.O. Box 26770  
Charlotte, NC 28221-6770**



**ACADEMIC AND VOCATION GOAL STATEMENT**

Describe below your personal and career plans, including how this award will enhance your ability to attain these goals. DO NOT EXCEED THIS SPACE AND TYPE OR PRINT LEGIBLY.

I certify that all information contained herein is accurate and complete to the best of my knowledge. Submitting false or inaccurate information/claims are subject to forfeiture of award.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

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**PERSONAL REFERENCES – RECOMMENDATION FORM**

Include three (3) recommendation forms that have been sealed and signed on the flap of the envelope. These forms should be dated no earlier than 60 days prior to the application process. They should be completed by persons who can attest to your character, interpersonal relationships, academic achievements, ministry, leadership and community involvement; i.e., Current Bishop, Current Presiding Elder, Local Pastor, teachers, community leaders and high school/college administrators.

**(Please print or type)**

Name of applicant \_\_\_\_\_  
Last First Middle Initial

Please comment on each of the following areas:

1. Length and nature of your relationship with the applicant
2. The applicant's involvement in ministry
3. The applicant's overall effectiveness and potential for ministry
4. Will your church, ministry or organization be supporting the applicant? In what ways (financial, prayers, etc.)?
5. Other comments
6. As you evaluate the applicant's qualifications for this scholarship, please check one of the following:  
\_\_\_\_ I recommend \_\_\_\_ I recommend with reservation \_\_\_\_ I highly recommend

\_\_\_\_\_  
Signature Date Position

\_\_\_\_\_  
Print name Daytime Phone

\_\_\_\_\_  
Name of Church P.E. District

\_\_\_\_\_  
Street Address City/State/Zip

\_\_\_\_\_  
Annual Conference Episcopal District

**Please seal and return the recommendation form to the applicant for submission.**