

**Sojourner Truth Education & Resource Center**  
**High School Senior Accomplishment & Scholarship Form**

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Name of High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Honors & Recognitions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School/community organizations in which you were/are involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been accepted into a 2-year or 4-year institution? ( ) Yes ( ) No

Name of School you will attend: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Anticipated Major: \_\_\_\_\_

**OVER**

**Level of Involvement:** List all MOF ministries or activities in which you have been involved during high school and indicate the year(s) of involvement. The review committee may verify participation with the ministry or activity leader. Please list categorically. For example, instead of listing that you prayed, read the scripture, or gave the benediction on 4<sup>th</sup> Sundays — indicate Youth Sunday Worship Participation. You may use the back of the form or attach an additional sheet if necessary.

Ministry	Year(s)			
_____	9 <sup>th</sup> ( )	10 <sup>th</sup> ( )	11 <sup>th</sup> ( )	12 <sup>th</sup> ( )
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How would you rate your overall involvement with MOF ministries?

1	2	3	4	5
Below Average	Moderate	Average	Above Average	Exceptional

**Essay:** Please submit a 1-2 page typed (request access to Sojourner if necessary) written essay describing the impact you have had as a result of your involvement and how you have been impacted by your involvement with MOF ministries.

**Wish List:** Please compose a wish list of items you would like to have in your college trunk.

**Other:** Use this space and/or back to share anything else you would like for us to know.