

# Jamar K. Hildreth Scholarship Application



## Background

**Jamar Kavon Hildreth** was diagnosed as Deaf from birth. He and his mother, Lisa Hildreth attended Saint Mark Baptist Church where he was baptized at an early age. Jamar was the first Deaf member of the Saint Mark Baptist Church Deaf Ministry, and was actively involved from its' inception. He loved God and he loved Saint Mark Baptist Church and the Deaf Ministry. After relocating to California for a better education, he returned to Arkansas for a brief time. He attended Saint Mark as an adult and remained an active member of the Deaf Ministry. Jamar transitioned this life at the young age of 34. We are honoring him by assisting **persons who are Deaf/Hard-of-Hearing, and/or diagnosed with a disAbility**, as well as, those having an interest with assisting people with disabilities live a wholesome, independent life.

## Scholarship

Jamar K. Hildreth will provide, to qualified applicants, a scholarship award for graduating high school senior students and those currently enrolled (part-time or full-time) in either a two-year or four-year accredited college working toward their first degree, certificate program, or a student pursuing an advanced degree. Applicants can either possess a **disability** and/or pursuing a degree to assist **persons who are Deaf/Hard-of-Hearing, and/or diagnosed with a disAbility**. Individuals may apply annually, as long as currently enrolled in an institution of higher education. A total of \$34,000 will be awarded to recipients ranging from \$500 to \$10,000 for the academic year.

## Qualifications

- Currently involved in Ministry or Community Involvement (Involvement must be verified by Ministry or Community Directors)
- Membership at St. Mark is not required

You are **NOT** eligible for this Scholarship if you are currently on academic probation.

## Requirements

- A completed typed scholarship application
- A completed typed essay on your career interests in assisting **persons who are Deaf/Hard-of-Hearing, and/or diagnosed with a disAbility**.  
*Profoundly Deaf students only may submit a three to five minute video in lieu of the typed essay.*
- An official high school transcript (for graduating seniors) or official college transcript (for continuing students)
- Proof of enrollment is required for continuing students.
- Verification of current ministry or community involvement.
- Three letters of recommendation.

- **SPECIAL NOTE:** Recipients will be notified in advance and expected to attend worship service (on-line or in person) for the award announcement scheduled for Sunday, June 19. Recipients are required to attend an in person or virtual meeting during the designated announcement weekend celebration to learn more about Jamar's story and hear the charge on how you can help others like him in the future. Failure to attend will result in loss of future scholarship benefits. *Due to COVID-19, we will follow CDC and local guidelines and recipients will be notified with details in advance.*

**Please return completed application to:**

Jamar K. Hildreth Scholarship Committee

c/o Saint Mark Baptist Church

5722 West 12th Street

Little Rock, AR 72204

OR

jamarkhildrethscholarship@gmail.com

**Applications must be received at Saint Mark Baptist Church or via e-mail, NO later than May 6, 2022 by 3:00 p.m. Late or incomplete applications will not be reviewed. Due to COVID-19, scholarship documents may be e-mailed in one PDF Document. Your school may e-mail an electronic document separately to the e-mail above, if applicable (this is the only exception to a separate document, if not submitted with the packet).**

## Frequently Asked Questions

Below is a list of questions that you may have regarding this scholarship application process. If you have any specific questions, please **contact (501) 348-7439**. Thank you for applying for the Jamar K. Hildreth scholarship.

**Q:** Can previous recipients re-apply for the scholarship?

**A:** Yes, you may reapply, however, your recommendation letters must not be from the previous letter writers. You will need to present recommendation letters from three new individuals.

**Q:** What if I attend only one semester after receiving the scholarship?

**A:** If you are the recipient of a scholarship, all proceeds are sent to you in your name and the schools name each semester. If you do not enroll the second semester, the proceeds are forfeited.

**Q:** What if I am attending a two-year technical college? Do I still qualify for the scholarship?

**A:** Yes. This scholarship is for those attending accredited two-year or four-year institutions.

**Q:** Can I apply for the scholarship if I plan to attend part-time (six hours or less)?

**A:** Yes. This scholarship is based upon students enrolled in part-time or full-time hours.

**Q:** What if I want to go back to school to get another degree? Can I apply?

**A:** Yes. This scholarship is for students who are pursuing undergraduate (minimum 12 hours) or a graduate degree (minimum six hours).

**Q:** How is the scholarship process reviewed and awarded?

**A:** The **Jamar K. Hildreth Scholarship Committee** will make recommendations based on review of all materials submitted. The review process is based on achievements, personal essay, recommendations, ministry/community involvement, and financial need.

**PERSONAL DATA**

Name \_\_\_\_\_  
(last) (first) (middle)

Home Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_  
(Where scholarship information should be mailed if different from address above)

Email Address \_\_\_\_\_

Parent's Name (if minor) \_\_\_\_\_

Are you a member of a church? \_\_\_\_\_ If so, please list Church Membership  
\_\_\_\_\_

Please indicate whether you are a graduating senior or continuing student.

\_\_\_ **Graduating Senior**

High School \_\_\_\_\_

Planned Major \_\_\_\_\_

Address \_\_\_\_\_  
**City, State, Zip Code**

\_\_\_ **Continuing Student**

College/University \_\_\_\_\_

Major \_\_\_\_\_

Address \_\_\_\_\_  
**City, State, Zip Code**

**Have you ever taken or are currently enrolled in a sign language class?  
Yes or No**

If Yes, please list where and when \_\_\_\_\_

If No, and planning to take a class, please list where and when \_\_\_\_\_

**ACADEMIC WORK**

Attach your official transcript to your Application.

## HONORS, AWARDS OR ACHIEVEMENTS

Please list any honors, awards, or special achievements you have received in the following areas:

**Academics** \_\_\_\_\_  
\_\_\_\_\_

**Community Service**  
\_\_\_\_\_  
\_\_\_\_\_

**Other** \_\_\_\_\_  
\_\_\_\_\_

## ACTIVITIES

Please list your activities in the following areas:

**School** \_\_\_\_\_  
\_\_\_\_\_

**Church** \_\_\_\_\_  
\_\_\_\_\_

**Community** \_\_\_\_\_  
\_\_\_\_\_

**Work**  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL NEED**

Please complete this section to help the committee determine your financial need, based upon enrollment.

**Graduating Student:**

School you will be attending: \_\_\_\_\_

City/State \_\_\_\_\_

**Continuing Student:**

School you are attending: \_\_\_\_\_

City/State \_\_\_\_\_

What is your expected cost of tuition for the upcoming school year?

\$ \_\_\_\_\_

What is your expected cost of books and supplies?

\$ \_\_\_\_\_

What is your expected cost of lodging and board?

\$ \_\_\_\_\_

List all forms of financial aid you have secured thus far. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What amount of funds do you anticipate receiving from your family or yourself?

\$ \_\_\_\_\_

## ESSAY

**(No more than two pages double-spaced)**

Please answer the following question.

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- Please describe a specific example how you have provided assistance to **person(s) who are Deaf/Hard-of-Hearing, and/or diagnosed with a disAbility** OR how you have been directly impacted by **person(s) who are Deaf/Hard-of-Hearing, and/or diagnosed with a disability**.

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- **All applicants must provide three letters of recommendations with handwritten or electronic signature (not typed signature).**  
(From any of the following: Teacher, Principal, Counselor, Professor, Community Worker/Volunteer, Church Volunteer, or Employer.) Previous recipients must submit recommendation letters from three new letter writers.
- **Recommendation letters must accompany completed Scholarship Application, and must include the following information:**
  - ❖ Applicant's Name
  - ❖ Relationship to the student
  - ❖ Handwritten or Electronic Signature (not typed signature)
  - ❖ Printed Name
  - ❖ Contact Number

**Letters of recommendation will only be accepted with complete application package. No hand delivered letters to Saint Mark Baptist Church or e-mail will be accepted.**

**Verification of ministry involvement is not considered a Letter of Recommendation with handwritten or electronic signature (no typed signature).**

# MINISTRY/COMMUNITY INVOLVEMENT VERIFICATION

**Applicant's Name:** \_\_\_\_\_

**Must be signed (not typed) by Ministry/Community Director(s)**

Ministry/Community Directors: Please verify applicant's participation in your ministry.

**Ministry/Organization Name:**

\_\_\_\_\_  
Years involved: \_\_\_\_\_

Duties/position: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

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\_\_\_\_\_  
Years involved: \_\_\_\_\_

Duties/position: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

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\_\_\_\_\_  
Years involved: \_\_\_\_\_

Duties/position: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

**Ministry/Organization Name:**

\_\_\_\_\_  
Years involved: \_\_\_\_\_

Duties/position: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_