

De Von Jackson, M.D. Ministries, Inc.



Child Scholars Application

De Von Jackson, M.D., FAAFP, Founder/CEO
Administrative Assistant/Pastor John Jackson, President/COO
Monique L. Luke, M.Ed., Director of Education
Eveta Jackson, M.Ed., Executive Director of Education
Website: djmd.org

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The De Von Jackson, M.D. Ministries, Inc. offers scholarships in the amount of \$500.00 each
(and up to the amount of \$1,000.00)

Eligibility Criteria

- Children ages 4 to 18 years
- Eligibility criteria vary based upon the type of scholarship being pursued. Scholarship Types—
 - **Special Needs Scholarship:** for children with learning challenges including, but not limited to, those with Dyslexia, Autism Spectrum, Attention Deficit Hyperactivity Disorder (ADHD), Processing Disorders, etc.
 - **Musical Scholarship:** for children demonstrating a particular interest/giftedness/skill in the areas of Vocal (singing) or Instrumental (playing an instrument) music
 - **Artistic Scholarship:** for children demonstrating a particular interest/giftedness/skill in the areas of the Arts, including Drawing, Graphic Design, Painting, Sculpting, Ballet Dance, etc.
 - **Athletic Scholarship:** for children demonstrating a particular interest/giftedness/skill in the areas of Athletics/Sports, including Team Sports (such as Baseball/Softball, Football, Soccer, Basketball, etc.) and Solo Sports (such as Golf, Tennis, Track & Field, etc.)
- Active member (in excellent standing) of a Christian Church
- Priority for socio-economically disadvantaged children/families

Application Process

1. Submit an application packet consisting of:
 - Completed scholarship application, signed by child (ages 6 and over) and parent/guardian
 - Please print in blue or black ink only. Typed applications are also acceptable.
 - Respond to all questions. For those that do not apply, please write “N/A.”
 - Hand-Printed or Typed letter (ages 6 and over for children who are able) explaining “Why I Desire this Scholarship.” **OR**
 - Parent/Guardian submits a Typed brief biographical letter for the child, explaining how this Scholarship would make a difference for this child.
 - Two character references: from a pastor, youth pastor, youth president, church or community leader, teacher, counselor, coach, mentor or employer. At least one must be from a church leader **and** both from a non-relative. References include a letter and the attached “Recommendation Form.”

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2. Completed application materials must be postmarked or hand delivered by **March 14, 2025**.
The application should be submitted to:

If mailed	If hand-delivered
Attention: DJM Scholarship Committee De Von Jackson, M.D. Ministries Scholarship Program P. O. Box 8215 Santa Rosa, California 95407	Attention: De Von Jackson, M.D. Ministries Greater Powerhouse Church 777 Hearn Avenue Santa Rosa, California 95407

3. Applications that are incomplete or received after the deadline will not be processed.

4. Selected students will be scheduled for a personal interview with the Scholarship Committee after applications have been reviewed. The interview may be in-person or via media (such as Zoom), per agreement/arrangement of the family and the Scholarship Committee.

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Policy Statement

The De Von Jackson, M.D. Ministries Scholarship has been established to provide financial assistance to socio-economically disadvantaged students/children in their pursuit of education and enrichment, who are also active members of a Christian church.

Disbursement of the scholarship is subject to the following policy guidelines:

1. Only children who meet eligibility criteria (listed above) can be awarded the DJM Scholarship.
2. All materials must be submitted in ONE packet.
3. All scholarships will be awarded by the De Von Jackson, M.D. Ministries, Inc.
4. Children (or their parent/guardian) who have been awarded a scholarship, will be notified by an official letter from the De Von Jackson, M.D. Ministries, Inc.
5. Scholarship checks will be made payable to the **School or Organization** which will provide the services/support for the child. Checks are mailed to them using the mailing address listed on this application.
6. Should the child fail to enroll or withdraw from the school or program, then the recipient will forfeit the scholarship. In such cases, the recipient and/or school must return all or pro-rated scholarship funds to De Von Jackson, M.D. Ministries, Inc.
7. Unclaimed scholarship funds will be returned to the general scholarship fund.
8. If any questions, please see our website www.djmd.org or email us at info@djmd.org. You may also write to us at: De Von Jackson, M.D. Ministries, Inc. [DJM]

P.O. Box 8215 Santa Rosa, California 95407

Acknowledgement:

I/We have read and fully understand all of the guidelines/policies of this application and will adhere to them in their entirety.

Signed _____ (applicant). Date: _____

Signed _____ (parent/guardian). Date: _____

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Application Form

(Please type or print in black ink)

First Name and Middle Initial:	Last Name:	Gender: M or F
Street Address:		Date of Birth:
City:	State:	Zip Code:
Mailing Address (if different than above):		
Email Address and your Facebook Page (if applicable):		
Name(s) and Mailing Address of Parents/Guardian(s):		
Parents/Guardian(s) Email Address and Facebook Page (if applicable):		
Phone Number(s) of Student:	Phone Number(s) of Parent(s)/Guardian:	
Name, Address and Phone Number of School you are currently attending:		
Scholarship Type You are Seeking (Circle One): Special Needs Musical Artistic Athletic		
Full Name, Address and Phone Number of the Church you currently attend:		
Name of your Pastor:	Year you Joined this Church:	

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List the School or Organization or Program in which You will Participate:
(Please type or print in black ink)

<p>Institution Name and Address:</p> <p>Contact Person name and phone number:</p>	<p>Type of Program/Services Offered:</p>
<p>Institution Name and Address:</p> <p>Contact Person name and phone number:</p>	<p>Type of Program/Services Offered:</p>
<p>What is your annual household income?</p> <p>Will you be able to attend/participate in the program if you do not receive financial aid? Yes/No</p>	

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Biographical Letter

In order for us to become better acquainted with you, please attach Hand-Printed or Typed letter (ages 6 and over for children who are able) explaining “Why I Desire this Scholarship.”

OR

Parent/Guardian submit a Typed brief biographical letter for the child, explaining how this Scholarship would make a difference for this child.

Statement of candidate and/or parent(s)/guardian:

I affirm that I plan to attend or am currently attending an educational or life enrichment program. I give permission to officials of my educational/enrichment institution(s) to release information requested for consideration by the De Von Jackson, M.D. Ministries, Inc. [DJM] Scholarship Program. Specifically, ***this information is limited to that which verifies my participation, my enrollment and/or my eligibility for that program or this scholarship.***

I understand that this application will be available only to persons who need to see it in the course of their duties for this Scholarship Program. I waive the right to access letters of recommendation or recommendation forms completed on my behalf. I affirm that the completed application, including the essay, is my own original work. I also affirm that the information contained herein is true and accurate to the best of my knowledge and belief.

I have read and understand the conditions (criteria, policy and process) of the De Von Jackson, M.D. Ministries, Inc. [DJM] Scholarship as explained herein, and will adhere to them in their entirety.

Signed _____ (applicant). Date: _____

Signed _____ (parent/guardian) Date: _____