



Clovis A. Drake
SCHOLARSHIP MINISTRY
Sister Arlene C. Way, President



Clovis A. Drake Scholarship Committee 2020
College Graduate Recognition Program

Student Information

Name: _____
Last, First Middle

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____ Student Phone: _____

School Details

Name of University or College you attended:

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Academic Major: _____ GPA: _____

Name of College/Program: _____

Degree/ Certificate Earned: _____

Date of Graduation: _____(MM/DD/YYYY)

Church Membership Orientation Completed: Yes No

Future Plans

To receive recognition for your accomplishments, you are requested to e-mail this completed form by the Sunday, June 28, 2020 to Ministry President, Sis. Arlene C. Way at away7mad@aol.com.