



Dr. Bobbitti N. May ECP-Humanitarian Fund, Inc.

P.O. Box 722 – Kingsland, GA 31548 Email: MayECPFund@gmail.com

The Dr. Bobbitti N. May ECP Humanitarian Fund, Inc. is a non-profit 501c3 organization created to give scholarships and honor the memory of Dr. Bobbitti N. May. Rev. Dr. May, who tirelessly gave of himself to his country, his church, and his community, was a career military officer. He served as a Chaplain in the Navy and a flight officer in the Marine Corps. He retired after 31 years of service.

It is our desire to honor his life and legacy of service. The organization's mission principles are based upon the credo of Dr. May's life: education, civility, and personal development.

Our mission is to create and support a more productive citizenry within our community and all humanity by encouraging and supporting today's youth in their pursuit of education, civility, and personal development through scholarship, education, and advocacy.

Through this fund, the committee offers scholarships in Dr. May's name to Camden County, Georgia high school seniors.

Applicants must meet the following requirements:

- Be a graduating senior of the Class of 2024.
- Have a B average
- Submit transcript with application.
- Submit completed application signed by applicant and parent/guardian. •
- A **minimum** of **15** volunteer hours **at non-profit charitable organizations** are required. Submit hours on provided form, signed by site supervisor/volunteer coordinator. Only volunteer hours performed during the 10th, 11th and 12th grades will be counted.
- Submit a 750 word 3 page essay not to include the title or citation pages. The essay should have a one (1) inch margin one all sides, a 12 size font and double spaced. The topic is:
- How Technology Has Contributed to Advancing Humanitarian Efforts Over the Past Three Years

*Application packets must be postmarked by **April 15, 2024**. Scholarship recipients will be notified , before CCHS Scholarship Night. There is no need to contact us.



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SCHOLARSHIP APPLICATION

Applicant's Name _____ Date _____

SAT Score _____ ACT Score _____

Email Address _____

Home Address _____

City _____ State _____ Zip _____

Mother or Guardian _____

Email Address _____

Home Phone _____ Cell Phone _____

Father or Guardian _____

Email Address _____

Home Phone _____ Cell Phone _____

List your involvement in school activities and offices held.

Name of Organization, Office Held, # years (If Any)

_____	_____
_____	_____
_____	_____
_____	_____

List your extracurricular, community, and church activities (# years).

Career Interest _____



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SCHOLARSHIP APPLICATION (cont.)

List the name and address of the college/university you plan to attend.

Please state the reason(s) you are applying for this scholarship.

Applications must be postmarked by **April 15, 2024**. The May ECP Fund will not accept late applications. It is the applicant's responsibility to submit his/her completed application and information by the scheduled deadline. Requests for consideration after the deadline will not be considered. All decisions of the May ECP Fund are final.

The mailing address is:

Dr. Bobbitti N. May ECP-Humanitarian Fund, Inc.
P.O. Box 722
Kingsland, GA 31548

Applicant's Signature _____

Parent/Guardian's Signature _____



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COMMUNITY SERVICE VERIFICATION FORM

(This form may be duplicated if needed)

To: Dr. Bob May Scholarship Committee

Re: Verification of Community Service

This letter is to verify that _____ completed _____ hours
(Student's Name)

as a volunteer for _____
(Organization's Name)

between the dates of ____/____/2021 to ____/____/2024.

Location: _____

Job Function: _____

Comments (optional): _____

The student should obtain community service credit for participating.

Printed Name of Supervisor at Volunteer Site/Title

Supervisor's Signature

Supervisor's Email address and Phone number