

**2018 DEBBIE CAGER MUSIC  
SCHOLARSHIP AWARD  
APPLICATION**

**APPLICATION DUE DATE MAY 6, 2018 (at 12:30 P.M.)**

**ST. PAUL BAPTIST CHURCH  
3996 14<sup>TH</sup> Avenue  
Sacramento, CA 95820  
(916) 737-7070  
*Dr. Ephraim Williams, Pastor***

**If you elect to mail your scholarship packet, please mail to:**

**ST. PAUL BAPTIST CHURCH  
Scholarship Committee  
P.O. Box 5260  
Sacramento, CA 95817-0260**

**Please Note: Incomplete applications WILL NOT be processed.**

**St. Paul Baptist Church  
3996 14<sup>th</sup> Avenue  
Sacramento, CA 95820  
(916) 737-7070  
Dr. Ephraim Williams, Pastor**

## 2018 DEBBIE CAGER MUSIC SCHOLARSHIP AWARD APPLICATION

### **Introduction**

These forms are designed to bring together all essential information about you. This information will be used only in regard to scholarship screening. Be assured that all information will be held in complete confidence.

### **Criterion**

The Debbie Cager Music Scholarship Award is designed for students taking music lessons. Only St. Paul members may apply. Our aim is to assist deserving students with the cost of their music lessons. Please be aware that your choice of instructor will have no bearing on the amount of scholarship you may receive. Parents are responsible for the education of their children. This Scholarship is a token of our love and desire to help you reach your goal.

**Candidates will be evaluated in the categories listed below:**

1. Essay Packet
2. Church Activities
3. School Activities
4. Community Service
5. Recommendation from Instructor

**Requirements for scholarship applicants:**

1. Applicant must be a member of St. Paul Baptist Church in good and regular standing.
2. Applicant must be currently taking and have been taking lessons in piano or other music instrument for not less than one year. **Piano will be the first consideration.**
3. Applicant cannot be a previous recipient of this award.



# **SCHOOL ACTIVITIES**

*(Limited to school year 2017-2018)*

All school activities must have a letter of verification from a counselor or advisor. Two (2) points will be given for each activity. If more than five (5), the maximum given will be ten (10) points.

1. Academic Clubs: \_\_\_\_\_  
\_\_\_\_\_
2. Athletic Activities: \_\_\_\_\_  
\_\_\_\_\_
3. Student Council: \_\_\_\_\_  
\_\_\_\_\_
4. Drum Major: \_\_\_\_\_  
\_\_\_\_\_
5. Class Officer: \_\_\_\_\_  
\_\_\_\_\_
6. Student Body Officer: \_\_\_\_\_  
\_\_\_\_\_
7. Choir: \_\_\_\_\_  
\_\_\_\_\_
8. ROTC: \_\_\_\_\_  
\_\_\_\_\_
9. Drama: \_\_\_\_\_  
\_\_\_\_\_
10. Band: \_\_\_\_\_  
\_\_\_\_\_
11. Debate Team: \_\_\_\_\_  
\_\_\_\_\_
12. Yearbook Editor: \_\_\_\_\_  
\_\_\_\_\_
13. Other School Activities: \_\_\_\_\_  
\_\_\_\_\_

# **CHURCH ACTIVITIES**

*(Limited to school year 2017-2018)*

All church activities must have a letter of verification for each ministry leader, and/or supervisor supporting your participation. Two points will be given for each activity. If More than five (5) activities, the maximum given will be ten (10) points.

Explain your Church activities. Include the frequency in which you participated on a monthly basis.

1. Ministry President: \_\_\_\_\_

2. Choir: \_\_\_\_\_

3. Musician: \_\_\_\_\_

4. B.Y.F.: \_\_\_\_\_

5. Usher: \_\_\_\_\_

6. Devotion Leader: \_\_\_\_\_

7. Nursery Helper: \_\_\_\_\_

8. Children's Church Helper: \_\_\_\_\_

9. Ministry Secretary: \_\_\_\_\_

10. Sunday Church School: \_\_\_\_\_

11. A.L.E.R.T: \_\_\_\_\_

12. Tithe or Church Offering: \_\_\_\_\_

13. Other Church Activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# **COMMUNITY SERVICE ACTIVITIES**

*(Limited to school year 2017-2018)*

All Community Service Activities must have a letter of verification for each service. Two (2) points will be given for each activity. If more than five (5), the maximum given will be ten (10) points.

Explain your activities and include the approximate number of hours per month:

1. Tutor: \_\_\_\_\_  
\_\_\_\_\_

2. Hospital Volunteer: \_\_\_\_\_  
\_\_\_\_\_

3. Neighborhood Cleanup: \_\_\_\_\_  
\_\_\_\_\_

4. Feeding Shelter: \_\_\_\_\_  
\_\_\_\_\_

5. Library Helper: \_\_\_\_\_  
\_\_\_\_\_

6. Church Office: \_\_\_\_\_  
\_\_\_\_\_

7. Convalescent Home: \_\_\_\_\_  
\_\_\_\_\_

8. Other Community Service/Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# **ESSAY PACKET**

Please write an essay on the following subject. “Data continues to show that African American and other minority groups consistently lag behind in academic performance and high stakes test scores. **How can you, as an individual, help to reverse this phenomenon using the Christian concepts of evangelism, discipleship, prayer, outreach and missions?**”

## **GUIDELINES**

1. Must be written by applicant, but may be typed by someone else.
2. Must be typed and double-spaced
3. Minimum one (1) double-spaced page, maximum four (4) double-spaced pages
4. Must have a cover letter/title page, which should include the following:
  - Addressed to the Chairperson of the Scholarship Committee
  - Name
  - Address
  - Phone Number
  - Email Address
  - Current Date
5. Grading will be based on the following criteria:
  - Content
  - Clarity and organization
  - Sentence and paragraph structure
  - Spelling and punctuation

## STATEMENT REGARDING DISTRIBUTION OF SCHOLARSHIP AWARD

1. The scholarship award will be distributed monthly. The check will be drawn in the name of the instructor and the recipient. The check must be endorsed over to the instructor.
2. The scholarship recipient should contact the Scholarship Committee Chairperson. **(Do not contact the Church Office.)**
3. The scholarship award will be disbursed within two weeks after the request form has been processed by the church office.



# CERTIFICATION

I, the undersigned, hereby make application to the St. Paul Baptist Church Scholarship Award and certify that:

1. All the information submitted is true and correct.
2. I will use the funds received to pay for music lessons only.
3. If there should be any interruption in my plans for continuing my music lessons this school year (2018-2019), I will notify St. Paul Baptist Church and return the funds.
4. I have read and reviewed the **“Statement Regarding Distribution of Scholarship Award.”**

*Please print and provide with original signature.*

\_\_\_\_\_  
*Applicant's Signature*

*Date*\_\_\_\_\_

\_\_\_\_\_  
*Parent or Guardian Signature*

*Date*\_\_\_\_\_

\_\_\_\_\_  
*Parent or Guardian Signature*

*Date*\_\_\_\_\_

# CHECKLIST FOR SCHOLARSHIP APPLICATION

Have you completed the following? If so, check each box as the item is done. When all boxes are checked, your application is complete. May God Bless you in your future endeavors.

\_\_\_\_ PERSONAL INFORMATION

\_\_\_\_ SCHOOL ACTIVITIES

\_\_\_\_ COMMUNITY SERVICE

\_\_\_\_ CHURCH ACTIVITIES

\_\_\_\_ ESSAY PACKET

\_\_\_\_ LETTERS OF VERIFICATION

\_\_\_\_ RECOMMENDATION FROM MUSIC INSTRUCTOR

# MUSIC TEACHER STATEMENT

I currently teach the student named below. I have taught this student for the length of time designated below.

\_\_\_\_\_

Teacher

\_\_\_\_\_

Name of Student

\_\_\_\_\_

How long have you taught this student?

Please provide a statement below regarding this student's abilities on this instrument.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

St. Paul Baptist Church  
**Scholarship Committee**  
3996 14<sup>th</sup> Avenue  
Sacramento, CA 95820  
(916) 737-7070

LETTER OF VERIFICATION  
*(You may make multiple copies of this form)*

**Church Activities**  
**2017-2018**

**DATE:** \_\_\_\_\_

**STUDENT:** \_\_\_\_\_

**STREET:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**ATTENTION:** Ministry Leader, Teachers, Counselor, Advisor or Supervisor, please verify that This student, \_\_\_\_\_, is actively participating in the activities listed below. Please sign your name in the space provided and initial each activity for confirmation of participation. *(Ex: Church activities; School activities; Community services)*

**CHURCH ACTIVITIES**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Signature** \_\_\_\_\_  
Ministry leader, Teacher, Counselor, Advisor, or Supervisor

**Signature** \_\_\_\_\_  
Student

**Signature** \_\_\_\_\_  
Parent if applicable (under age 21)

St. Paul Baptist Church  
**Scholarship Committee**  
3996 14<sup>th</sup> Avenue  
Sacramento, CA 95820  
(916) 737-7070

LETTER OF VERIFICATION  
(You may make multiple copies of this form)

**School Activities**  
**2017-2018**

**DATE:** \_\_\_\_\_

**STUDENT:** \_\_\_\_\_

**STREET:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**ATTENTION:** Ministry Leader, Teachers, Counselor, Advisor or Supervisor, please verify that  
This student, \_\_\_\_\_, is actively participating in the  
activities listed below. Please sign your name in the space provided and initial each activity for  
confirmation of participation. (Example: Church activities; School activities; Community  
services)

**SCHOOL ACTIVITIES**

_____	_____
_____	_____
_____	_____
_____	_____

**Signature** \_\_\_\_\_  
Ministry leader, Teacher, Counselor, Advisor, or Supervisor

**Signature** \_\_\_\_\_  
Student

**Signature** \_\_\_\_\_  
Parent if applicable (under age 21)

St. Paul Baptist Church  
**Scholarship Committee**  
3996 14<sup>th</sup> Avenue  
Sacramento, CA 95820  
(916) 737-7070

LETTER OF VERIFICATION  
*(You may make multiple copies of this form)*

**Community Activities**  
**2017-2018**

**DATE:** \_\_\_\_\_

**STUDENT:** \_\_\_\_\_

**STREET:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**ATTENTION:** Ministry Leader, Teachers, Counselor, Advisor or Supervisor, please verify that This student, \_\_\_\_\_, is actively participating in the activities listed below. Please sign your name in the space provided and initial each activity for confirmation of participation. *(Ex: Church activities; School activities; Community services)*

**COMMUNITY SERVICES**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Signature** \_\_\_\_\_  
Ministry leader, Teacher, Counselor, Advisor, or Supervisor

**Signature** \_\_\_\_\_  
Student

**Signature** \_\_\_\_\_  
Parent if applicable (under age 21)