

**2018 GOODWILL SCHOLARSHIP
AWARD APPLICATION**

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

**ST. PAUL BAPTIST CHURCH
3996 14TH 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.

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Introduction

These forms are 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

A Goodwill Scholarship Award is being offered by the St. Paul Baptist Church. The recipient must be an adult who has overcome adverse obstacles and desires to continue his or her education. Our aim is to assist deserving students with books and tuition only. Please be aware that your choice of institution will have no bearing on the amount of scholarship you may receive.

Application will be evaluated on the following criteria:

1. Church Activities
2. School Activities
3. Community service
4. Essay Question

Requirements for scholarship applicants:

1. Applicant must be a non-member of St. Paul Baptist Church
2. Applicant must be re-entering college
3. Applicant must have overcome adverse obstacles

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Address _____

City _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Email Address _____

Name of High School _____

What college, university or school of specialization have you attended?

What was your field major field of study? _____

What college, university or school will you be attending?

What will be your major field of study? _____

Please explain why you have chosen your major field of study?

Please explain the adverse obstacle you have overcome.

SCHOOL ACTIVITIES

(Limited to school year 2017-2018)

School activities (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 is ten (10) points.

1. Academic Clubs: _____

2. Athletic Activities: _____

3. Student Council: _____

4. Other School Activities: _____

5. Drum Major: _____

6. Class Officer: _____

7. Student Body Officer: _____

8. Choir: _____

9. ROTC: _____

10. Drama: _____

11. Band: _____

12. Debate Team: _____

13. Yearbook Editor: _____

COMMUNITY SERVICE ACTIVITIES

(Limited to school year 2017-2018)

All Community Service Activities must have a letter of verification for each service.

Explain your activity 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

TRANSCRIPTS

Please attach and submit your school transcripts showing grades for school years attended.

Your school transcripts will be reviewed to determine your G.P.A.

Your school transcripts will be reviewed to determine if you are eligible to be recognized as an honor roll student. (Only 3.0 G.P.A. on college prep classes and above will be accepted as honor roll students.)

STATEMENT REGARDING DISTRIBUTION OF SCHOLARSHIP AWARD

1. The scholarship award will be distributed in two or three equal payments. These payments will precede quarter or semester sessions. For institutions whose registration sessions do not fall under the quarters or semesters, please inform the scholarship committee.
2. The scholarship recipient should contact the Scholarship Committee Chairperson once he or she has registered. **(Do not contact the Church Office.)**
3. There are two options for disbursement.
 - a. The recipient has registered and paid in full. In case, the recipient must bring proof of payment to the Scholarship Committee Chairperson and he or she will be reimbursed. **Student must show proof of registration as a full time student.**
 - b. If the scholarship award is necessary for the recipient to register, the check will be drawn in the name of the institution and the recipient. **The check must be endorsed over the institution. Under no circumstances is the student to receive cash. Student must provide proof of full time enrollment to the Scholarship Committee Chairperson.**
4. 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 college expenses only.
3. If there should be any interruption in my plans for continuing my education 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 endeavors.

____ PERSONAL INFORMATION

____ OFFICIAL TRANSCRIPTS

____ SCHOOL ACTIVITIES

____ COMMUNITY SERVICE

____ CHURCH ACTIVITIES

____ ESSAY PACKET

____ LETTERS OF VERIFICATION

St. Paul Baptist Church
Scholarship Committee
3996 14th 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 _____
Ministry leader, Teacher, Counselor, Advisor, or Supervisor

Signature _____
Student

Signature _____
Parent if applicable (under age 21)

St. Paul Baptist Church
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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)

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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)