

**2018 GRADUATING SENIORS
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.

**Sr. Paul Baptist Church
3996 14th Avenue
Sacramento, CA 95820
(916) 737-7070
Dr. Ephraim Williams, Pastor**

2018 GRADUATING SENIOR SCHOLARSHIP AWARD

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

The St. Paul Baptist Church Scholarship is designed for high school seniors who will be entering college for the first time. Only St. Paul members may apply. 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. Parents are responsible for the education of their children. The SPBC Scholarship is a token of our love and desire to help you reach your goal.

Candidates will be judged in the categories listed below:

1. GPA
2. Essay Packet
3. Awards
4. Honor Roll
5. Activities (Ex: Church activities, sports activities, community services, employment, or other school activities). Please explain in detail.

Requirements for scholarship applications:

1. Application must be a member of St. Paul Baptist Church in good and regular standing.
2. Applicant must be graduating High School Senior.
3. Applicant must not have attended any college prior to submission of the application (for example, AA, BA, certification program, etc.)
4. Applicant must be a full-time student carrying at least the minimum number of 12 semester or quarter units.
5. Applicant must have at least a 2.5 grade point average on College Prep coursework.

Application will be evaluated on the following criteria:

1. Extra curricula activities (school, church, community – limit to school year 2017–2018).
2. Essay question
3. Semester High School Transcripts.

Personal Information

Last Name _____ First Name _____ Middle Initial _____

Address _____

City _____ State _____ ZipCode _____

Home Phone _____ Cell Phone _____

Email Address _____

Name of High School _____

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

What is 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: _____

CHURCH ACTIVITIES

(Limited to school year 2017-2018)

Church activities (all church activities must have a letter of verification for each ministry, leader, supervisor supporting your participation).

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

Ministry President

1. Choir: _____
2. Musician: _____
3. B.Y.F.: _____
4. Usher: _____
5. Devotion Leader: _____
6. Nursery Helper: _____
7. Children's Church Helper: _____
8. Ministry Secretary: _____
9. Sunday Church School: _____
10. A.L.E.R.T.: _____
11. Tithe or Church Offering: _____
12. Other Church Activities: _____

COMMUNITY SERVICE ACTIVITIES

(Limited to school year 2017-2018)

Community Service Activities (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 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

SEMESTER HIGH SCHOOL TRANSCRIPTS

Please attach and submit your school transcripts showing grades through the third (3) quarter of the 2017-2018 school year. **All transcripts must be submitted in a sealed envelope from your school.**

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 our honor roll student. (Only 3.0 G.P.A. and above will be accepted as honor roll students.)

AWARDS

Only current school year 2017-2018 awards will be accepted.

- Please copy of award certificate.
- You will be given two (2) points for each award.
- If you submit more than five (5) awards, the maximum points awarded is ten (10).

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 quarter or semesters, please inform the Scholarship Committee Chairperson.
2. The scholarship recipient should contact the Scholarship Committee Chairperson once he or she has registered. **(Do not contact the Church Office.) You must show proof of full time enrollment before disbursements can be made.**
3. There are two options for disbursement:
 - a. The recipient has registered and paid in full. In this case, the recipient must bring proof of payment to the Scholarship Committee Chairperson and he or she will be reimbursed.
 - 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 to the institution. Under no circumstances is the student to receive cash.**
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 Future Endeavors.

- _____ PERSONAL INFORMATION
- _____ OFFICIAL TRANSCRIPTS
- _____ SCHOOL ACTIVITIES
- _____ COMMUNITY SERVICE
- _____ CHURCH ACTIVITIES
- _____ HONOR ROLL (GRADES/TRANSCRIPT)
- _____ ESSAY
- _____ AWARDS/CERTIFICATES
- _____ LETTER 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
Scholarship Committee
3996 14th 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 14th 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)