

**2018 MICHAEL AND JUDITH BOYD  
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  
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## **2018 MICHAEL AND JUDITH BOYD SCHOLARSHIP**

### **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 Michael and Judith Boyd Scholarship is designed for St. Paul students who are in college and have declared a major in one of the sciences. The minimum grade average required is 2.5 out of 4.0. This scholarship is a token of our love and a desire to help you reach your goal.

Candidates will be judged in nine categories. Each category is listed below.

1. GPA
2. Essay Packet
3. Church Activities
4. School Activities
5. Awards
6. Honor Roll
7. Community Service

### **Requirements**

1. Applicant must be a member of St. Paul Baptist Church in good and regular standing.
2. Applicant must be at least a sophomore in college and enrolled full-time (12 units).
3. Applicant must be majoring in one of the sciences (Biology, Chemistry, Engineering, Nursing, Pre-Med, etc.)

# Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address \_\_\_\_\_  
Name of School: \_\_\_\_\_

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

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What is your major field of study?

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

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Please explain the adverse obstacle you have overcome?

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# 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.

School Activities (explain your participation):

1. Academic Clubs: \_\_\_\_\_

2. Athletic Activities: \_\_\_\_\_

3. Student Council: \_\_\_\_\_

4. Drum Major: \_\_\_\_\_

5. Class Officer: \_\_\_\_\_

6. Drama: \_\_\_\_\_

7. Band: \_\_\_\_\_

8. Debate Team: \_\_\_\_\_

9. Yearbook Editor: \_\_\_\_\_

10. 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 supervisor supporting your participation.

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

1. Ministry President: \_\_\_\_\_
2. Choir: \_\_\_\_\_
3. Musician: \_\_\_\_\_
4. Usher: \_\_\_\_\_
5. Devotion Leader: \_\_\_\_\_
6. Nursery Helper: \_\_\_\_\_
7. Children's Church Helper: \_\_\_\_\_
8. Ministry Secretary: \_\_\_\_\_
9. Sunday Church School: \_\_\_\_\_
10. Tithe or Church Offering: \_\_\_\_\_
11. 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.

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:

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## 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 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

## COLLEGE TRANSCRIPTS

Please attach and submit your school transcripts showing grades for three (3) quarters of the **2017-2018** school year.

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

## AWARDS

Only current school year from September 2017 to May 2018, awards will be considered.

- Please submit a **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 are 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 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 this 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 to the institution. Under no circumstances is the student to receive cash. Student must then 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 (2017-2018), 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 TRANSCRIPT
- \_\_\_\_\_ SCHOOL ACTIVITIES
- \_\_\_\_\_ COMMUNITY SERVICE
- \_\_\_\_\_ CHURCH ACTIVITIES
- \_\_\_\_\_ HONOR ROLL (GRADES/TRANSCRIPT)
- \_\_\_\_\_ ESSAY
- \_\_\_\_\_ AWARDS/CERTIFICATES
- \_\_\_\_\_ LETTERS OF VERIFICATION

Scholarship Committee  
St. Paul Baptist Church  
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. (Example: 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  
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(916) 737-7070

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

**COMMUNITY SERVICES**

_____	_____
_____	_____
_____	_____
_____	_____

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

Signature: \_\_\_\_\_  
Student

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