

**2019 ANDREW AND CHERRY BRIGGS  
RE-ENTRY TO EDUCATION SCHOLARSHIP  
APPLICATION**

**APPLICATION DUE DATE April 14, 2019 (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

***2019 ANDREW AND CHERRY BRIGGS RE-ENTRY EDUCATION SCHOLARSHIP***

**Introduction**

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

**Criterion**

The Andrew and Cherry Briggs Scholarship is intended for St. Paul students who are enrolled in either an approved degree program, an alternative high school graduation program, a community college, a business/trade school, a four year college, or a graduate school. The minimum grade point average required is 2.5 out of 4.0. This scholarship is a token of our love of learning, and a desire to help others reach their academic goals.

Candidate will be judged in the categories 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 returning to academic study after a least one year absence and enrolled at least half-time (6 units).
3. Program must be an approved program in one of the areas listed above.
4. Applicant must be 25 years or older; or last attended school over 2 years ago.

# 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# CHURCH ACTIVITIES

*(Limited to school year 2018 - 2019)*

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. Tithes or Church Offering: \_\_\_\_\_
11. Other Church Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# COMMUNITY SERVICE ACTIVITIES

*(Limited to school year 2018 - 2019)*

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 typed and double-spaced
2. Minimum one (1) double-spaced page, maximum four (4) double-spaced pages
3. 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
4. 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. If your institution's registration sessions do not fall under the quarters 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.)**
  
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. Students must submit 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 in the 2019-2020 school year, 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 RECORDS/TRANSCRIPTS

\_\_\_\_ SCHOOL ACTIVITIES

\_\_\_\_ COMMUNITY SERVICE

\_\_\_\_ CHURCH ACTIVITIES

\_\_\_\_ HONOR ROLL (GRADES/TRANSCRIPT)

\_\_\_\_ ESSAY

\_\_\_\_ AWARDS/CERTIFICATES

\_\_\_\_ LETTERS OF VERIFICATION

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**  
**2018 - 2019**

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 14<sup>th</sup> Avenue  
Sacramento, CA 95820  
(916) 737-7070

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

**School Activities**  
**2018-2019**

**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**  
**2018-2019**

**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)