

**2019 GENERAL
SCHOLARSHIP AWARD
APPLICATION**

APPLICATION DUE DATE April 14, 2019 (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.

St. Paul Baptist Church
3996 14th Avenue
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(916) 737-7070
Dr. Ephraim Williams, Pastor

2019 GENERAL 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 General Scholarship is designed for St. Paul students who are in college. The minimum grade average required is 2.0 out of 4.0 for students that are currently a freshman in college. The minimum grade average required is 2.5 out of 4.0 for students that are currently a sophomore, junior or senior in college. This scholarship is a token of our love and a desire to help you reach your goal.

Candidates will be judged in the categories listed below:

1. GPA
2. Essay Packet
3. Awards, Deans List, Sports awards, etc.
4. Activities (Ex: Church activities, sports activities, community services, employment, or other school activities). Please explain in detail.

Requirements

1. Applicant must be a member of St. Paul Baptist Church in good and regular standing.
2. Applicant must be at least a freshman or higher in college and enrolled full-time (12 units or more).

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?

What is 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 2018-2019)

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 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. Tithe or Church Offering: _____

11. Other Church Activities: _____

NON-CLASSROOM ACTIVITIES

(Limited to school year 2018-2019)

All Non-classroom 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. Convalescent Home: _____
 7. Employment: _____
 8. Other Community Service/Activities: _____
 9. Other Non-classroom 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 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 your school transcripts showing grades for three (3) quarters of the 2018-2019 academic 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 2018 to May 2019 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 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. 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 (2019-2020), 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

_____ NON-CLASSROOM ACTIVITIES

_____ DEANS LIST, SPORTS AWARDS, ETC. (GRADES/TRANSCRIPT)

_____ ESSAY

_____ AWARDS/CERTIFICATES

_____ LETTERS OF VERIFICATION

Scholarship Committee
St. Paul Baptist Church
3996 14th 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. (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 14th 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 14th Avenue
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LETTER OF VERIFICATION
(You may make multiple copies of this form)
Community Services
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)*

COMMUNITY SERVICES

_____	_____
_____	_____
_____	_____
_____	_____

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
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LETTER OF VERIFICATION
(You may make multiple copies of this form)
Non-Classroom 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; Employment)*

Non-Classroom Activities

_____	_____
_____	_____
_____	_____
_____	_____

Signature: _____
Ministry leader, Teacher, Counselor, Advisor, or Supervisor

Signature: _____
Student

Signature: _____
Parent if applicable (under age 21)