**CENTRAL UNION MISSIONARY BAPTIST CHURCH**

****

**SCHOLARSHIP FUND FOR HIGHER EDUCATION**

501 Preston Street / P. O. Box 788

Fort Valley, Georgia 31030

(478) 825-2958 FAX: (478) 825-2099

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**APPENDIX**

**Guidelines**

How to Complete the Application Packet for the CUMBC Academic Award

Please check <http://centralunion.>co website for availability of the application

1. **The Application Process:** All interested persons must complete an application and submit the completed application packet to the CUMBC Scholarship Committee with a postmark on or before midnight of the announced deadline that is to be set each year by the CUMBC Scholarship Committee. A general calendar outlining the application’s submission, review and award is provided as a guide in this announcement.
2. **Required Documentation for the Application**: All applications must include an official high school transcript (bearing an imprinted seal and enclosed in a sealed envelope) with the applicant’s graduating GPA and the applicant’s SAT or ACT scores indicated thereupon. All reference letters, a copy of the college/university acceptance letter and signed verification forms of the applicant’s active involvement in CUMBC’s ministry must be included in the submitted application packet.
3. **Receipt of the Academic Award:**  The CUMBC academic award will be payable upon receipt of evidence that the applicant, after receiving a High School Diploma or General Education Diploma (GED), has actually enrolled at a college or university. **All funds will be paid directly to the college or university and not to the student.** The applicant must also meet the criteria listed in Section D that follows.
4. **Criteria for the CUMBC Academic Award:**  The applicant must:
5. **Be an active member of the Central Union Missionary Baptist Church** for at least one year prior to the submission of an application
6. **Verify that he/she has been actively involved** in the life and ministry of the Church by the submission of the appropriately signed form.
7. **Demonstrate academic success and potential** as evidenced by his/ her current official transcript (with seal). The transcript must show that the applicant has attained a cumulative, graduating Grade Point Average of 2.5 or higher.
8. **Provide evidence of having been granted admission to an accredited college or university,** such as a letter of acceptance (if it is the first year). In subsequent years, a registration receipt for the given semester is acceptable as evidence.
9. **Agree to be interviewed** by the CUMBC Scholarship Committee
10. **Description of Selected Documentation that is Required**: The applicant is required to complete the scholarship application in **typewritten form** and be responsible for the following:
	1. Submit one letter of recommendation from a teacher, employer, or other official attesting to the applicant’s character and academic achievements. The letter of recommendation **must be typewritten**, be currently dated, sealed in an envelope and submitted with the student’s application. **The letter of recommendation cannot be from a relative.**
	2. **Submit a typewritten** essay, not exceeding 300 words stating the applicant’s educational objectives and how this academic award will help the applicant reach his/her career and/or life goals.
11. **Filling Out the Application:** Applications must meet all of the required expectations outlined in this application manual to be rated as complete and eligible for the committee‘s evaluation.

**Additionally, the following requirements are to be met:**

* 1. Every blank in the application must be completed. This includes a complete address and zip codes. If a particular portion of the application does not apply to the applicant, N/A should be placed in the blank.
	2. On the sheet listing the church and community related activities, specific names of activities, dates and places must be provided.
	3. The postmarked deadline or receipt of the completed application must be no later than midnight of the stated deadline.

INSERT

PHOTO

HERE

Application Cover Sheet

All completed applications must include the required signatures.

Submit to: Central Union Baptist Church Scholarship Committee

P.O. Box 788

Fort Valley, GA 31030

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

 Full Name Date \_\_\_\_\_\_\_

Address

City State Zip

Telephone numbers ( ) ( )

E-Mail

Birth date: Month Date Year

Applicant’s Church

Church Address Telephone ( )

City State Zip

Pastor Telephone ( )

Signature of Applicant’s Pastor or Youth Leader

**ACADEMIC INFORMATION**

Name \_\_ College Classification \_\_\_\_\_

 Last First MI (If Applicable)

Mailing Address Number Street City, State Zip

Telephone Number ( ) Alternate Number ( )

Grade Point Average Rank in Class Class Size \_\_\_

\* Indicate if G.P.A. is other than a 4 point system

Scores on SAT (ACT) ( Specify Which is Used)

Date Test was taken: Score: Verbal Math

Achievement test (s) taken:\_\_\_\_\_

Name of Test(s) and Score(s) Received

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**College/University You Plan to Attend**

Institution’s Name State

School Address

City State Zip

Expenses: Tuition and Fees (per semester or quarter)

Other Expenses: Specify type and cost

Total Estimated Costs (per semester or quarter)

**PARENTAL/GUARDIAN INFORMATION**

Complete the information below for your parent(s) or guardian(s)

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

Street City State Zip

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_

Address

Street City State Zip

Guardian’s Name

Address

Street City State Zip

**\*Signature of Applicant’s Parent(s) or Guardian\***

\_ \_\_\_\_\_\_ \_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mother

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian

**CHURCH AND COMMUNITY ACTIVITIES**

List below your church and community activities, including the name of the ministry or activity, years of participation, and office(s) held. Also list your part-time employment, volunteer work and number of hours per week engaged in the endeavor. Use an additional sheet if necessary.

|  |
| --- |
| **CHURCH** |
| **Ministry** | **Years Participated** | **Office Held** | **Other** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **COMMUNITY** |
| **Organization** | **Years Participated** | **Office Held** | **Other** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **EMPLOYMENT/VOLUNTEERISM** |
| **Organization** | **Years Participated** | **Volunteer** | **Employment** |
|  |  |  |  |
|  |  |  |  |

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICANT’S ESSAY**

Write an essay of three hundred (300) words or less stating: **a)** Your educational objectives and **b**) how this academic award will help you reach your career or your life goals (Be sure to address these two aspects in your essay that must be typed or scanned from a computer).

**LETTER OF RECOMMENDATION**

This applicant has applied for a scholarship for higher education. Based on your knowledge of the applicant, please discuss the applicant’s character, academic ability and your impressions of his/her ability to succeed in a college, vocational, or a seminary program. State how long and under what circumstances you know the applicant. Please return this signed recommendation form in a sealed envelope to the applicant to include in his/her application packet .(Attach additional pages as needed)

Applicant’s Name

Reference’s Name \_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Agency/Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Signature

**VERIFICATION OF CHURCH INVOLVEMENT**

**Ministry Leader:** Please complete this form on behalf of the applicant. You must be a Sunday School Teacher, Youth Staff Member, or ministry Leader for the age group of the applicant.

**Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_**

**Ministry Leader’s (Teacher’s) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Specify: \_\_\_\_ Bible Study \_\_ Sunday School \_\_\_ Ministry(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

**I certify that the applicant \_\_\_\_\_has or \_\_\_\_\_ has not participated in this ministry on a regular and consistent basis.**

**Provide a Description of the Applicant’s Involvement:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Ministry Leader’s (Teacher’s) Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***CHECK LIST: Place a check mark in the column for each item that you have completed and included in this application packet. Initial to verify completion of the task.***

|  |  |  |
| --- | --- | --- |
| **Check Completed** | **Initial** | **Required Documentation** |
| **1.** |  | **I am a member of Central Union Missionary Baptist Church** |
| **2.** |  | **I have completed all required sections of the application.** |
| **3.**  |  | **I have attached a photo of myself.** |
| **4.**  |  | **A copy of my official high school transcript is enclosed in a sealed envelope.** |
| **5.** |  | **A copy of my college/university acceptance letter is enclosed.** |
| **6.** |  | **I have been actively involved in the ministry (tries) of CUMBC as shown by the enclosed verification form signed by my teacher/ministry leader.** |
| **7.** |  | **I have signed this application where appropriate.** |
| **8.** |  | **I have acquired all signatures to include my parent (guardian) and the minister of this church.** |
| **9.** |  | **I have read the requirements for this scholarship application and understand what is required for a a completed packet. I acknowledge that I qualify for consideration as an applicant for this scholarship award.** |
| **10.** |  | **I am submitting the completed application packet on or before midnight of the announced deadline for the close of the scholarship application process.** |
|  |  |  |

**ACADEMIC AWARD CALENDAR OF EVENTS**

**The Announcement, Application, Review and Award Processes**

**Orientation to the CUMBC Scholarship Award: August - November**

|  |  |  |  |
| --- | --- | --- | --- |
| **Deadline for Receipt of the Completed Application Packet** | **CUMBC Scholarship Committee Reviews and Interviews Applicants** | **Announcement of Awardees** |  **Award to the Higher Education Institution** |
|  |  |  |  |
| **April 15th** | **Week Ending April 31st** | **First Week of May** | **Upon Verification of Fall Enrollment** |

**Mail To:**

**Central Union Missionary Baptist Church**

**Scholarship Committee**

**501 Preston Street/ P.O. Box 788**

**Fort Valley, GA 31030**

**Fax To: (478) 825-2099**

**Note:** It is your responsibility to ensure that all documents are submitted in a timely manner. Be sure to request your high school to provide your official academic transcript in a sealed envelope. **Incomplete applications will not be reviewed.**

**REMARKS**

* **The amount of funds to be awarded will be determined on the basis of the CUMBC scholarship funds that are available and on the number of graduates who qualify for the academic award(s) in a given year.**
* **Where appropriate, the academic award will be forwarded to the college/university to ensure that the student’s financial aid or other scholarship funds are not adversely compromised.**
* **The academic award will be submitted in two installments. Half of the award will be issued in the first semester of the student’s enrollment in college. Contingent upon the applicant providing evidence of being continuously enrolled in college/university for the subsequent semester, and given that the student has maintained a 2.5 or better GPA, the second allotment of the academic award will then be submitted.**

APPENDIX

Forms needed for other individuals to complete are duplicated and contained in this appendix for your convenience

**LETTER OF RECOMMENDATION**

This applicant has applied for a scholarship for higher education. Based on your knowledge of the applicant, please discuss the applicant’s character, academic ability and your impressions of his/her ability to succeed in a college, vocational, or a seminary program. State how long and under what circumstances you know the applicant. Please return this signed recommendation form in a sealed envelope to the applicant to include in his/her application packet .(Attach additional pages as needed)

Applicant’s Name

Reference’s Name \_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Agency/Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature

**VERIFICATION OF CHURCH INVOLVEMENT**

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**Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_**

**Ministry Leader’s (Teacher’s) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Specify: \_\_\_\_ Bible Study \_\_ Sunday School \_\_\_ Ministry(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

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**Provide a Description of the Applicant’s Involvement:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Ministry Leader’s (Teacher’s) Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**