**CENTRAL UNION MISSIONARY BAPTIST CHURCH**

***ACADEMIC AWARD APPLICATION***

***FOR***

***COLLEGE STUDENTS***



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

**Fort Valley, GA 31030**

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

**CUMBC ACADEMIC AWARD**

**FOR**

**COLLEGE STUDENTS**

**Effective Spring, 2018**

**OVERVIEW**

**This academic award is available to college students who not only meet the qualifications listed below, but whose completed applications are deemed worthy of funding by members of the CUMBC Scholarship Committee.**

**The academic award is contingent upon the availability of funds. The amount of the academic award will be determined by the amount of available funds in the CUMBC Scholarship Account and by the number of prospective awardees.**

**CRITERIA FOR APPLYING**

**The applicant must:**

* **Be a member of Central Union Missionary Baptist Church, inclusive of Watch Care**
* **Attend worship services on a regular basis ( at least 2 or more Sundays per month) and actively involved in a CUMBC ministry**
* **Be enrolled in a 2-or 4-year, accredited college (university) for 12 or more semester hours of credits**
* **Maintain a cumulative grade point average of 2.5 or better ( on a 4.0 scale)**

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**REQUIRED DOCUMENTATION**

**Be sure to submit each of the following:**

* **A completed application Current college transcript**
* **An Account Balance Statement Current Course Schedule**
* **Signed Verification of Church Involvement**

**CUMBC ACADEMIC AWARD APPLICATION**

All completed applications must include required signatures.

Submit to: Central Union Baptist Church Scholarship Committee

P.O. Box 788

Fort Valley, GA 31030

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

Address

City State Zip

Telephone numbers ( ) ( )

E-Mail

Name of College/University \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major \_\_\_\_\_\_\_

Classification: (Circle One): **Freshman Sophomore Junior Senior**

**Summary Statement of Need: Write a brief statement explaining the need for and importance of receiving the academic award for which you are applying.**

**VERIFICATION OF CHURCH INVOLVEMENT**

**Ministry Leader:** Please complete this form on behalf of the applicant. You must be a Sunday School Teacher, AWANA 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 \_\_\_ AWANA \_\_ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Theme: “We are a Church Dedicated to Kingdom Service”***