

# New Bethlehem Baptist Church Scholarship Application

## General Guidelines and Information

- Complete the attached application and return it to the church secretary no later than,

**Monday, April 5, 2021 (deadline).**

**Note: An electronic version is available by request. Please contact:**

**Mr. Ed Hudson ([edhudson@bellsouth.net](mailto:edhudson@bellsouth.net) or Sarah Mitchell ([smitchell389@gmail.com](mailto:smitchell389@gmail.com)))**

- The applicant must be a high school graduating senior entering for the first time an accredited college or technical school.
- The applicant must be a member of New Bethlehem Baptist Church.
- The applicant **must be involved** in a Ministry of New Bethlehem Baptist Church (i.e. Choir, Usher, Puppet, Bible Study, Church Volunteer). **Due to the pandemic no verification is required for this school year.**
- In lieu of Ministry verifications the applicant will be **required** to write a 250-word essay on the topic of "How the Coronavirus Pandemic Impacted My Life". **This is mandatory so non-compliance will disqualify the applicant.**
- Applicant must be enrolled in an institution of higher learning for the school year, 2021-2022.
- Although, scholarship recipients will be announced, the awards will not be granted until the recipient has provided proof of registration and class schedule from the college or technical school of his/her choice.
- **Scholarships will be awarded first and second semesters of the recipient's freshmen year. Recipient must provide proof of registration and class schedule to receive awards.**
- If there are any questions or concerns, you may notify any member of the scholarship committee or contact the church secretary @ 205.425.9556.

## Scholarship Committee Members:

Sarah Mitchell, Chair  
Marilyn Congress, Co- Chair  
Arguster Davis  
Ed Hudson  
Deidre Powell-Sims  
Dr. Kathy Wells Edwards

Dorothy Fancher – Christian Education Director  
Reba Cunningham – Christian Education Assistant Director

# New Bethlehem Baptist Church

## Application for Scholarship

Please complete by typing or using black ink. (To type - use Tab Key or click to move through fields). ALL ORIGINAL SIGNATURES REQUIRED!

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Select One: Male  Female

Address: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number(s) Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent(s)/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father Cell: \_\_\_\_\_ Mother Cell: \_\_\_\_\_

High School Attending: \_\_\_\_\_

\_\_\_\_\_  
Counselor's Signature Verifying G.P.A. Date (ORIGINAL SIGNATURE REQUIRED) Grade Point Average (G.P.A.) as of \_\_\_\_\_

Extracurricular Activities: List names of organizations, dates of participation and any positions held. (Each activity must be verified **WITH AN ORIGINAL SIGNATURE** by a director or advisor)

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

Position Held: \_\_\_\_\_ Signature of Verification \_\_\_\_\_

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

Position Held: \_\_\_\_\_ Signature of Verification \_\_\_\_\_

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

Position Held: \_\_\_\_\_ Signature of Verification \_\_\_\_\_

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

Position Held: \_\_\_\_\_ Signature of Verification \_\_\_\_\_

Ministry Involvement **WITH NEW BETHLEHEM:** (Optional for the 2021-2022 Schoolyear)

List names of ministries and/or activities you have been involved with; past and present, dates of Participation and any positions held. (Each activity must be verified by a director or advisor **WITH AN ORIGINAL SIGNATURE**)

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

Position Held: \_\_\_\_\_ Signature of Verification \_\_\_\_\_ Not Applicable for 2021

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

Position Held: \_\_\_\_\_ Signature of Verification \_\_\_\_\_ Not Applicable for 2021

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

Position Held: \_\_\_\_\_ Signature of Verification \_\_\_\_\_ Not Applicable for 2021

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

Position Held: \_\_\_\_\_ Signature of Verification \_\_\_\_\_ Not Applicable for 2021







Which college(s) are you planning to attend? (Please include full name, city/state of the institution (no abbreviations))

1.

2.

3.

4.

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**TO SPELL CHECK:** 1) File 2) Options 3) Customize Ribbon 4) Check Developer. Save /Exit. On menu: Click Developer, Restrict Editing, Stop Protection. Choose Review, Spell Check. Upon completion, click #3 – Yes, Start Enforcing Protection.

Have you applied for admission? (Select One) Yes  No

Have you been accepted for admission? (Select One) Yes  No

***\* Scholarships are awarded in the first and second semesters only of the recipient's freshmen year.***