Third Baptist Church of Chicago Education Council

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Dear Applicant:

We the members of the Third Baptist Church of Chicago Education Council wish you God's blessings. Attached is the revised grant application for 2014/2015. When completing the application, please read carefully through all of the instructions. It is extremely important that applications are returned on or before **June 29, 2014 by 2:00pm** and that all of the necessary information is provided. Failure to provide a **completed application** will result in the denial of your application.

It is your responsibility as the applicant to request your academic information from your school.

If you are unable to submit an official school transcript because you still have a balance due from the previous school year or because it has not been made available, please attach a written explanation to the application. In addition, please provide a copy of your current bill along with a statement on official school letterhead confirming whether you will be able to attend the fall semester/quarter while owing a balance. The Education Council will need the name and telephone number of the contact person for verification. All of the requested information must be submitted by the application deadline.

No applications will be accepted after <u>June 29, 2014, 2:00pm</u>.

All completed applications should be placed in the Education Council drop-box located near the ministry mail area.

If you have any questions regarding the attached application, please feel free to contact any member of the Education Council.

Sincerely,

Diane Cottrell, Council President

THIRD BAPTIST CHURCH OF CHICAGO

1551 West 95th Street Chicago, Illinois 60643

Rev. Alan V. Ragland, Senior Pastor Rev. Elmer L. Fowler, Founding Pastor

Application Grant Program

Sponsored by the July/Premier Clubs and the Men's Ministry

Purpose: To provide financial assistance to eligible members of Third Baptist Church of Chicago who have been active church participants, and are seeking secondary education (College, University, or Trade School) through financial grants.

Grant Eligibility Criteria:

Graduating High School Seniors

- High school graduate or GED certificate
- Active member of Third Baptist Church of Chicago for a minimum of one year
- Must be accepted in a college, university, or vocational training school and enrolled for a minimum of 6 credit hours per semester.
- Must have participated in a TBCOC ministry within the last four (4) years

Documents Required

- Completed Application due on June 29, 2014, 2:00pm
- High School Transcript or GED certificate
- Letter of Acceptance to a College, University or Trade school
- Third Baptist Church of Chicago Membership Number

Returning College Students:

Undergraduate Student/Graduate Students

- May apply through 30 years of age
- Must have a minimum of **2.0** grade point average (on 4.0 scale)
- Must be enrolled in school with a minimum of 6 hours
- Active member of Third Baptist Church for a minimum of one year
- 2013-2014 Official transcript
- Third Baptist Church of Chicago Membership number
- Acceptance letter for individuals entering graduate school

All Awards for High School/Undergraduate/Graduate Students

Awards will be granted based on availability of funds

Students attending college or university: Part-time students will be eligible for 50% of the designated grant amount.

THIRD BAPTIST CHURCH OF CHICAGO BLESSING THROUGH EDUCATION MINISTRY GRANT APPLICATION

Membership #:			Committee Signatures			
Date Recv'd:						
APRD:						
DNDT:						
		For Office U	se Only			
PERSONAL INFORMATI	ON					
ERSONAL INFORMAT	ION					
lame:					Gender: Male	☐ Female
Last	First		M.I.			
Date of Birth	Day	Year	Place of Birth_	City	State	Country
lome #:	•		Mobile #:	,		_
Permanent Address:						
	Number	and Street				
City		State			Zip Code	
How long have you been a member of Third Baptist?			Membership #:			
Address where student will r	reside during school	year:	r and Street			
Attach Phot	<u>-</u>	Number	r and Street			
(Optional)		City		State	Zip	Code
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Current Grade Level:		High School G.P.A.
Date of High School Graduation	on (or GED earned, if applicab	le):
List Clubs/Activities at Third B	aptist in which you participated	d in (and years of participation).
List any High School Clubs/Ac	ctivities and Achievements in w	hich you participated in and/or received.
College/University/Trade Scho	ool you plan to attend:	
School Address:	Number and Street	
City	State	Zip Code
Telephone Number(s): Office		·
Office	or the Registrar Office of Final	iciai Aid
Enrollment Date:		
	☐ Part-time enrollment	☐ Full-time enrollment
accurate to the best of my ki	nowledge. If asked by an aut	and statements provided on this application are truthful a chorized official of Third Baptist Church of Chicago or of I also realize that If I do not provide the necessary information
Applicant's Signature:		Date:
Parent or Guardian (If applica	nt is under 18):	Date:

ACADEMIC INFORMATION (Returning College/Graduate Students)

Current Grade Level:			Are you enrolled in Graduate School?		
			Current Grade Point Average:		
List Clubs/Activities at Tl	nird Baptist in which yo	ou participated	in (and ye	ears of participation).	
List any College/Gradua	te School Clubs/Activit	ies and Achie	vements ir	n which you participated in and/or received.	
College/University/Trade	School you plan to/cu	rrently attend:			
School Address:	Number and Stree	et			
	City Office of the Registrar	State Office of Finan	•	de Contact at School:	
Enrollment Date:		· · · · · · · · · · · · · · · · · · ·			
	☐ Part-time er	nrollment	☐ Ful	II-time enrollment	
Degree or certificate that	t you expect to receive	:			
Expected date of comple	etion:				
accurate to the best of	my knowledge. If ask agree to provide proof o	ed by an aut	horized off	ments provided on this application are truthful ar ficial of Third Baptist Church of Chicago or of tl lize that If I do not provide the necessary informatio	
Applicant's Signature:	····			Date:	
Parent or Guardian (If a	anlicant is under 191.			Date:	

SPIRITUAL GROWTH DEVELOPMENT

The following information is to be completed by those students who are away from the Chicago area and cannot regularly attend Third Baptist Church of Chicago.

 Your Spiritual Christian growth is very permanent church home, how are you ma 		ng a strong, productive adult. Now that you are away from your faith at college?
2. What activities are you participating in	that enhance your Christian faith and	d growth?
Are you under "Watch Care" at a local che away from home)? Yes No		d yourself to attend and participate at a particular church while the following information:
Name of Church:		
Address: Number and Street		
City	State	Zip Code
Telephone Number(s):	P	astor's Name:
Please provide a letter from one organiza Campus Ministry, please check the box b		If you have not become involved with a local Christian Church o
☐ I have not yet become involved with a	local Church, Campus Ministry, or ot	her Christian Organization since being away at school.
It is our desire that you continue to have and the Educational Council will be glad to one of the boxes below if you would like a	to assist you in finding a church to att	ile you are away from your home church. Senior Pastor Ragland end while you are away from home. Please indicate by checking
☐ Yes, I would like assistance in finding	a church or other Christian organizati	on to fellowship with while away attending college.
☐ I would like to speak with Pastor Ragla	and about matters of faith.	
Name of Student:		
Address:		
Number and Street		
City	State	Zip Code
Email Address:		Mobile Phone #:

Third Baptist Church of Chicago 1551 West 95th Street Chicago, Illinois 60643

Consent to Release Information

		e mailed directly from the inst	<u>titution.</u> This document should citution.
I of the following docu educational assistance		horize d Baptist Church of Chicago in	(school) to make a copy order to establish my eligibility for an
Please check:			
	☐ Original Transcript		
	GED Certificate		
	Other:		
Please send this form	Third Baptist Church of 1551 West 95 th Street Chicago, Illinois 60643 Attn: Education Counc	-	<u>14</u> to:
To be completed by	student:		
Name of Student:			
Address:Number	er and Street		
City		State	Zip Code
Student's Signature: _			Date:
Parent or Guardian (I	f student is under 18):		Date: