



## Youth Scholarship Application

### Guidelines

- To be eligible for the Mount Zion Baptist Church Youth Scholarship, applicants must meet all of the requirements.
- Incomplete applications will not be considered for evaluation.
- Applications must have original signatures. Faxes will not be accepted.

### Requirements

- Must be an active member of Mount Zion Missionary Baptist Church-Christian Complex and an active participant of HD Youth Ministry (Teen Temple, Youth Choir, Youth Ushers, Dance/Mime ministries and, Jump Off), for the past year
- Must be a prospective high school graduate in the year of application.
- Must use funds for undergraduate studies or school.
- Must have a cumulative overall grade point average (G.P.A.) of 2.80 or above.
- Submit ALL documentation and copies of registration as a student.
- Completed application and supporting materials are due in to Mount Zion Baptist Church –Christian Complex office by **May 14 (4:00pm)**. If you prefer to submit your completed application and supporting materials via mail, the package must be **postmarked** by **MAY 14**.

### Application Summary (all materials must be submitted at one time)

- All applications must be **typed** or **clearly printed** in blue or black ink.
- **Every blank** in the scholarship 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 on the blank.
- All applications must include an **official high school transcript**.
- Applicants must submit **two (2) letters of recommendation** (recommenders cannot be related to applicants):
  - One letter of recommendation from the Pastor, Assistant Pastor, Youth Director, Youth Ministry Leader, or person within the church leadership who knows the applicant.
  - The second letter of recommendation must be from a current/ former teacher, guidance counselor, principal who knows the academic capabilities of the applicant. **Include the two (2) letters of recommendation in sealed envelopes with your completed application.**

### Policies/Procedures

- The committee will evaluate each applicant based on the guidelines adopted.
- Scholarships will be awarded annually provided the funds are available.

For more information contact: The Mount Zion Baptist Church-Christian Complex  
314.776.3888 [admin@mountstlouis.org](mailto:admin@mountstlouis.org) [www.mountstlouis.org](http://www.mountstlouis.org)



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APPLICANT INFORMATION					
<b>Full Name:</b>				<b>Date of Birth</b> (mm/dd/yyyy):	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
<b>Address:</b>					
	<i>Street Address</i>			<i>Apartment/Unit #</i>	
	<i>City</i>			<i>State</i>	<i>ZIP Code</i>
<b>Phone:</b>	(     )	<b>Email Address:</b>			
EDUCATION					
<b>High School:</b>					
	<i>Name of High School</i>				
<b>Address of High School:</b>					
	<i>Street Address or P.O. Box</i>				
	<i>City</i>			<i>State</i>	<i>ZIP Code</i>
<b>Phone:</b>	(     )	<b>Expected Date of Graduation (mm/dd/yyyy):</b>			
SCHOOL/COMMUNITY INVOLVEMENT					
<b>PLEASE NOTE: List extra-curricular activities that you have been personally involved in during grades 9-12.</b>					
<b>Name of Activity</b>		<b>Years of Participation</b>		<b>Office(s) Held</b>	
1.					
2.					
3.					
4.					
5.					
AWARDS/SPECIAL HONORS/DISTINCTIONS (attach a sheet with additional awards if needed)					
<b>PLEASE NOTE: List up to five major awards, honors, or distinctions that you received during grades 9-12.</b>					
<b>Award/Honor/Distinction</b>		<b>Description/Basis for Award</b>		<b>Year(s) Received</b>	
1.					
2.					
3.					
4.					
5.					



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### AREA(S) OF CAREER INTEREST

<b>Career Goal:</b>	
<b>Intended College Major:</b>	

### REFERENCES

**PLEASE NOTE: Give the names of your church reference and your academic reference.**

	Name	Title/Position	Phone
<b>MT Zion:</b>			(    )
<b>Academic:</b>			(    )

### APPLICANT'S CERTIFICATION AND PERMISSION TO RELEASE INFORMATION

- I hereby certify that all information submitted on this application is true and accurate to the best of my knowledge.
- I understand that submitting nonfactual information will automatically disqualify me from consideration for all scholarships.
- By submitting this application, I authorize my high school to make information concerning my academic records available to the Mount Zion Baptist Church-Christian Complex Scholarship Committee.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OPTIONAL COUNSELOR'S OR PRINCIPAL'S

**PLEASE NOTE: This section is optional and to be completed by your high school.**

Cumulative High School Grade Point Average: _____		Rank in Class: _____	Class Size: _____
<b>PSAT SCORES (if applicable)</b> Date Taken: _____ Writing: _____ Critical Reading: _____ Mathematics: _____	<b>SAT SCORES (if applicable)</b> Date Taken: _____ Writing: _____ Critical Reading: _____ Mathematics: _____	<b>ACT SCORES (if applicable)</b> Date Taken: _____ English: _____ Math: _____ Reading: _____ Science: _____ Writing: _____ Composite: _____	

I hereby certify that the academic information provided in this section is correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 High School: \_\_\_\_\_ Phone: (    )