

Application Checklist

All applications must be mailed via US Mail,* postmarked no later than June 17, 2016, to the following address:

Mount Zion Baptist Church Attn: Scholarship Ministry 1634 19th Avenue Seattle, WA 98122

*The Scholarship Ministry <u>strongly</u> suggests that you mail your applications inside of a post office or other mailing center and obtain proof of mailing. Should there be any discrepancies (application lost in the mail, etc.), the Scholarship Review Committee will rely <u>only</u> on your proof of mailing to make a determination.

It is the responsibility of the applicant to include all required documents with their applications. Please do not mail pieces separately. We have provided a checklist below to help you ensure that all components of the

Signed Application



A. Personal Information

Name:

Phone:

Current Address

| E-mail Address: | |
|--|--|
| Date of Birth: | |
| Name of Parents/Guardians | |
| B. Education | |
| REQUIRED: Proof of enrollment from the post-sec school year (e.g. acceptance letter, proof of enrolln | condary institution you will attend during the 2016-2017 nent form from the college, etc.) |
| Name of post-secondary institution you plan to atte | nd during the 2016-2016 school year: |
| City/State: | Major: |
| This a: 04-Year University 0Community College | e: oTechnical School oOther: |
| Part-time: • Full-time: • | Total # of Credits: |
| Graduation Date (expected): | Type of Degree: |
| Graduate: 0 Undergraduate: 0 | |



High School(s) and College(s) attended (please list most recent first):

| Name | Dates | Degree | GPA |
|-------------------------|---|------------------|-----|
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| | ts are required of high school ed transcripts from the follo | | |
| Please tell us about yo | ur church involvement over t | the past 5 years | |
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| | | other school-related activities you have participated in. ositions held, honors, awards, grants, and scholarships | You may include clubs, |
|----|--|---|------------------------|
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| A | cademic Plans and Goals: | | |
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| Sp | pecial Interests and Skills: | | |
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| | . References EQUIRED (1) Academic (or | n letterhead from school faculty) | |
| | Name: | | |
| | Position: | | |
| | Institution/Agency: | | |
| | Phone/Fax/E-Mail: | | |



REQUIRED (2)Church (MUST be from the head of a ministry you <u>currently</u> serve on-references from relatives will not be accepted)

| | Name: | | |
|------------|---|--|----------|
| | Address | | |
| | City, State, Zip: | | |
| | Phone: | | |
| E. Person | nal Statement (Please | attach) | |
| | omit a 500 word essay crowth during the last y | describing your relationship with God. Using specific examples, describer. | ibe your |
| F. Applic | ant and Family Cont | inue Support of the Mount Zion Scholarship Ministry | |
| your plans | s to support the Mount | are <u>required</u> to support the work of the Scholarship Ministry. Please de Zion Scholarship Ministry in the coming year (such as selling tickets to the auction, serving on the committee, etc.) | |
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G. Applicant's Statement

I certify that if awarded a scholarship, I will use the proceeds for the payment of tuition, fees and/or books at the post-secondary institution specified. I understand that misrepresentation of facts called for on this application will eliminate me from further consideration, and if awarded the scholarship, will be cause for revocation of same. I agree to inform the Mount Zion Scholarship Ministry in the event that my education program is terminated and to ensure the return of unused funds to the Mount Zion Scholarship Ministry within 90 days of termination or withdrawal.

I understand that all applications and materials become the property of Mount Zion Scholarship Ministry upon submission. Mount Zion Scholarship may publish portions of my essay, without my name, in promotional materials.

| Signature: | | Date | |
|------------|--|------|--|
| Signature: | | Date | |
| - | (Parent or legal guardian if under 18) | | |