



Bibb Mt. Zion Educational Scholarship Fund



College Scholarship Application
Deadline: 5:00PM, July 16, 2021

Scholarship Application Requirements

Scholarship Eligibility Requirements: In order to be considered for a scholarship, applicants must:

- a. Be a High School Senior or GED recipient (GED recipient under 21 years of age) who will enroll in college/university or technical college by July 01, 2021.
- b. Have joined Bibb Mt. Zion by October 1, 2020.
- c. Have a **minimum** 2.5 Cumulative Grade Point Average on a 4.0 scale.
- d. Have performed a **minimum** of 10 hours of community service within the past 24 months.

Application Requirements

- a. All applicants are required to submit three copies of a completed, signed and dated application. The application must be typed.
- b. Applicants must have as a minimum, a 2.5 Cumulative Grade Point Average on a 4.0 scale in order to qualify for a scholarship. Applicants are required to submit an **official** high school transcript which includes second semester grades of the senior year. The transcript must have an embossed or raised school seal and be submitted in a sealed envelope.
- c. Applicants who have a GED are required to submit a transcript (official copy of GED scores) from the Georgia Department of Technical and Adult Education, Atlanta, Georgia.
- d. Applicants must have performed a minimum of 10 hours of community service within the past 24 months. The minimum eligibility requirement for community service is 10 hours. **Applicants will only receive points for acceptable community service hours that exceed this minimum requirement of 10 hours.** The community service must be validated in a letter written on the organization's letterhead and signed by an official of the organization.
- e. Complete the ministry involvement section and have Ministry Leaders complete the attached evaluation form.

NOTE: Scholarship awards are to be used for educational purposes only and funds will not be distributed until recipients provide a copy of their college student ID or ID number. Funds/checks will be mailed to the school in the name of the scholarship recipient. No personal checks will be issued.

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Applications will be reviewed and evaluated by independent evaluators selected by the scholarship committee.

Mailing Address and Due Date:

Mail the completed application and all other required documents to the following address. The package must be **received not later than 5:00PM, July 16, 2021.** (NO EXCEPTIONS)

Mail to:

BMZ Educational Scholarship Fund Committee
P. O. Box 14547
Macon, GA 31203-4547

Scholarship Awards

Scholarship awards will be made to students having the highest evaluated total score based on an analysis of academic achievement as indicated on the transcript, community service, ministry involvement, and honors/awards.

Students selected for scholarship awards will be required to provide a copy of their college student ID or ID number. A check will then be mailed to the school.

Scholarship awards may be applied towards tuition, fees, books, supplies or equipment as specified by the scholarship recipient.

Please list date that you joined Bibb Mt Zion: _____

Note that incomplete packages may not be considered for an award. Please refer to the checklist at the end of this application prior to submitting application.

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SECTION I: IDENTIFICATION

Name: _____
Present Address: _____
City: _____ State: _____ Zip Code: _____
E-Mail _____
Date of Birth: _____ Sex: _____ Telephone: (home) _____ (cell) _____

Father/Guardian's Name: _____
First M.I. Last

Father's Address: _____
Employer: _____ Occupation: _____

Mother/Guardian's Name: _____
First M.I. Last

Mother's Address: _____
Employer: _____ Occupation: _____

SECTION II: SCHOLARSHIP INFORMATION

High School: _____
School Address: _____
City: _____ State: _____ Zip Code: _____
College you plan to attend: _____
City/State: _____ Anticipated Major: _____

List **all** Scholarships/other financial resources that are available to assist you with your college education: (Examples: Pell Grant, Financial Aid, HOPE Scholarship, family church, loans, etc).
Use a separate sheet of paper if necessary.

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SECTION III: COMMUNITY SERVICE
Community Service must be validated as described in Paragraph d under Application Requirements on Page 1.

List all community and volunteer services performed over the past 24 months:

| <u>Organization</u> | <u>Services provided</u> | <u>Dates of service</u> | <u>Total hours</u> |
|-------------------------|--------------------------|-------------------------|--------------------|
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| | | | |
| Total Community Service | | | _____ Hours |

NOTE: Total hours must exceed the minimum requirement of 10 hours to receive points

SECTION IV – MINISTRY INVOLVEMENT
List your involvement in BMZ ministries on the below chart. Have the responsible Ministry Leaders complete the attached Ministry Leader Evaluation Form and submit the form with your application. Use a separate sheet of paper if necessary.

| <u>Ministry</u> <i>(dance, choir, music, usher, etc)</i> | <u>Position</u> <i>(member, leader, etc)</i> |
|--|--|
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SECTION V: 2020-2021 SENIOR HONORS AND AWARDS (please attach an additional sheet if needed)

| <u>Honor/Award Description</u> | <u>Date Received</u> |
|--------------------------------|----------------------|
| _____ | _____ |
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SECTION VI: SIGNATURES

I certify that information provided in this application is true, accurate, and complete.

Applicant's signature

Parent/Guardian Signature

Date

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Disclaimer for Scholarship Funds Disbursement

Funds/checks will be mailed directly to the school in the name of the scholarship recipient. No personal checks will be issued

I, _____ (Parent/Guardian) acknowledge and understand that scholarship awards will only be disbursed in a lump sum payment directly to the university/college identified by the scholarship recipient _____ (Student's Name) after receipt of a copy of the college student ID or ID number.

I recognize and accept these conditions for the disbursement of any scholarship award that my son/daughter may receive.

Parent/Guardian Signature

Date

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Ministry Leader Evaluation Form

I, (Applicant name) _____ am applying for the Bibb Mount Zion Educational Scholarship. As part of the evaluation process, the leaders of ministries of which I am a part are requested to submit an evaluation of participation in ministry. As such, please rate the following:

Applicant's Participation/Involvement (Please check or circle the below score which most accurately reflects the applicant's participation in the ministry):

| Does not Actively Participate | Minimally Active | Somewhat Active | Very Active | | | | | | | |
|-------------------------------|------------------|-----------------|-------------|---|---|---|---|---|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Ministry: _____

Printed Name of Ministry Leader

Ministry Leader's Signature

Date

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Completed Application Check List

Before sealing your package, please make sure that all items listed below are included:

- Scholarship Application (**Typed** and signed)
- Official, unopened** High School or GED Transcript with **raised seal**
- Community Service Validation Letters (**Typed** and signed)
- Disclaimer for Scholarship Funds Disbursement (Typed and signed)
- Ministry Leaders Evaluation Form (Signed)