



## First Baptist Church Of Crown Heights

SCHOLARSHIP AWARD

Scholarship Committee

450 Eastern Parkway Brooklyn, NY 11225

### Guidelines:

#### OBJECTIVE:

The Scholarship Committee of the First Baptist Church of Crown Heights was established to assist students and their college tuition.

#### ELIGIBILITY:

- 1 Must be a high school senior graduating in June or August of the current year
- 2 Must have applied or been accepted as a full-time student (minimum 12 credits) in an accredited college, university, vocational school, technical school or school of nursing.
- 3 College students must be upper sophomores, juniors, or seniors who have completed a minimum of 36 credits
- 4 Must reside in the tri-state area (NY, CT, or NJ)

#### DEADLINE TO UPLOAD COMPLETED APPLICATION IS MARCH 31, 2025,

Complete the application accurately and include all requested documents. Upload all registration forms before MARCH 31, 2025 by 11:59PM. No date extension will be granted.

#### AWARD:

The Scholarship Committee of the First Baptist Church of Crown Heights will grant these awards to successful applicants in two installments, FALL & SPRING

Upon receipt of requested information, checks will be mailed to the address on the application.

#### SELECTION PROCESS:

A Panel of scholarship members, church members and community representatives will conduct the selection process.

The criteria for selecting the successful students will be based on:

- 1 Academic achievements
- 2 Autobiography
- 3 Letters of recommendation (MUST BE SIGNED BY AUTHOR)
- 4 Interview by the scholarship panel mandatory on SATURDAY, APRIL 26, 2025

Recipients granted an award must attend Graduation Ceremony on SUNDAY, JUNE 08, 2025, or the award will be forfeited.

## DOCUMENTATION CHECKLIST:

Applicant to select which scholarship they're applying for:

Community Special Achievement Award (College Students)

Frances Skelton Special Achievement Award (College Students)

High School Student Award

Community Special Achievement:	Frances Skelton:	High School:
Upper sophomore, junior, senior	Must be church member	Graduating senior (June/August)
Minimum 3 semesters completed	Same academic requirements as Community	Accepted as full-time student
12 credits per semester	Same residency requirements	Tri-state resident
"B" average (3.0/4.0)		
NY, NJ, or CT resident		

## APPLICANTS CHECKLIST

The application package must include the following:

- ▶ Completed Application.
- ▶ Official High School Transcript (H.S. Applicants)
- ▶ Official College Transcript (College Applicants)
- ▶ Three (3) Letters of Recommendation. (MUST BE SIGNED BY AUTHOR) The letters may be from your principal, teacher, school counselor, Pastor or community organization supervisor.
- ▶ Autobiography - 400-500 words; typewritten, double-space. Must be submitted in this format, otherwise it will be returned Your autobiography should also include your projection plans, (career/education) 5 years from now. Be candid and as specific as possible.
- ▶ Recent photo of applicant. (photo will not be returned) Professional Casual
- ▶ Copy of all acceptance letters from colleges and universities you have applied to. (for High School Students)
- ▶ SAT or ACT SCORES ARE OPTIONAL (for High School Students)

No consideration will be given to incomplete package or late **UPLOAD OF APPLICATION ON REGISTRATION FORMS AFTER MARCH 31, 2025 BY 11:59PM**

Contact: Laverne Holland: 917-755-8642

Deacon Michele Goudy-Manzo: 917-826-4123

Dr. Patrick Gibbs: 516-978-7888

**PERSONAL DATA:**

**DATES AND DEADLINES:**

Application Deadline:	March 31, 2025 by 11:59 PM
Mandatory Interview:	April 26, 2025
Recognition Ceremony:	June 08, 2025

NOTE TO CANDIDATE: Please type all information requested. If item is not applicable, please state so in the space provided. DO NOT LEAVE IT BLANK.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Sex: (check one)  Female  Male Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

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

Place of Birth: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

Are you a registered voter?  Yes  No

How did you learn about this Scholarship? \_\_\_\_\_

Are you a member of the FBCCH?:  Yes  No (required for Frances Skelton) Length of Church Membership: \_\_\_\_\_

Have you previously applied for a scholarship from the First Baptist Church of Crown Heights Scholarship

Committee?  Yes  No If so, what year? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EDUCATIONAL DATA:**

High School Graduating From: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

College Attending: \_\_\_\_\_ Major: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

ACADEMIC/SPECIAL HONORS: \_\_\_\_\_

Please describe any additional training / experience you feel is relevant to the Scholarship Committee.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CIVIC/PROFESSIONAL SERVICE:**

Name of Organization: \_\_\_\_\_

Purpose of Organization: \_\_\_\_\_

Dates: \_\_\_\_\_ Total hours worked: \_\_\_\_\_

Position and Duties: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Purpose of Organization: \_\_\_\_\_

Dates: \_\_\_\_\_ Total hours worked: \_\_\_\_\_

Position and Duties: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Purpose of Organization: \_\_\_\_\_

Dates: \_\_\_\_\_ Total hours worked: \_\_\_\_\_

Position and Duties: \_\_\_\_\_

**COMMUNITY SERVICE AND HOURS:**

Name of Organization: \_\_\_\_\_

Purpose of Organization: \_\_\_\_\_

Dates: \_\_\_\_\_ Total hours worked: \_\_\_\_\_

Position and Duties: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Purpose of Organization: \_\_\_\_\_

Dates: \_\_\_\_\_ Total hours worked: \_\_\_\_\_

Position and Duties: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Purpose of Organization: \_\_\_\_\_

Dates: \_\_\_\_\_ Total hours worked: \_\_\_\_\_

Position and Duties: \_\_\_\_\_

Explain in what school activities you have participated and how they have benefited you. Include offices you

have held. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever held a job during the school term? If so, please describe

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What movies, plays, concerts, or exhibitions have you most enjoyed during the past year?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you traveled in this country or abroad? \_\_\_\_\_ Where? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who is your favorite author and why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### OFFICIAL USE ONLY

Due Date:

Postmark Date:

Date Received:

Complete:

Yes  No

Incomplete:

Yes  No

College/University attending: