



New Hope Missionary Baptist Church

Scholarship Application Checklist

ATTENTION STUDENT:

We must receive the following documents for your application to be considered complete.

- ☐ **Scholarship Application Form**
- ☐ **Official Georgia Standard Student Transcript**
- ☐ **Community Service & Experience Summary Log Forms**
- ☐ **Two Letters of Recommendation with Contact Information**
- ☐ **Essay**

*All documents in the application packet must be received by **May 26, 2024**
or your application may receive reduced points.*

You may contact any of the College Care Ministry members if you have questions.

Deaconess Dorthey Daniels
Dr. Timothy Fairley
Sis. Darlene Lewis
Sis. Shelia Pugh

Deacon John Dillard
Sis. Louise Ferguson
Deaconess Gwyn Maclin
Rev. Dr. Cedrita Reid

Deaconess Doris Gordon
Sis. Melissa Kitchens
Sis. Valerie Pogue
Sis. Likisha Cherry

*New Hope Missionary Baptist Church
4192 Brownsville Road
Powder Springs, GA30127
770-943-2879
Rev. Dr. Ralph Steed, Pastor*



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Mission Statement: Our goal is to assist deserving high school graduates within our church achieve their career goals through higher education.

SCHOLARSHIP REQUIREMENTS

1. **Scholarship applicants must be a New Hope member and active participant in church activities.** Applicant must be pursuing a higher education at an accredited college, university or technical school.
2. **Applicants must write an essay that details 2 or 3 experiences that have shaped their Christian journey and prepared them for the next stage of their life.**
 - a. The essay must be at least 500 words and the word count must be included on the last page
 - b. The essay must be typed (double spaced)
3. **Applicants must provide an official transcript of all high school grades. Transcript must include cumulative GPA.**
 - a. Graduated points will be awarded if cumulative GPA is less than 3.0
 - b. Cost of transcript will be paid by New Hope, if hardship case
4. **Applicants should complete 75 hours of community service.** Community service must be volunteer work like free tutoring or work at an agency such as: Red Cross, MUST Ministries, CAMP, or a nursing home, etc.
 - a. Points will be awarded based on hours completed
 - b. Work, such as grounds keeping or cleaning, performed around the church can be counted as community service hours
 - c. Work associated with a church auxiliary cannot be counted as community service hours
 - d. Assistance finding community service work can be received by contacting the church office
 - e. Community service hours can be recorded and counted beginning the first day of school through the scholarship deadline date
5. **Letters of recommendation from two (2) teachers/administrators must be submitted with contact information.** The committee will verify recommendation letter information.

Scholarship awards are based on total point value. Points are given for each requirement. Applicants should submit applications even if some requirements are partially met.



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Scholarship Application

Name: _____

Address: _____

City: _____ **Zip Code:** _____

Phone: _____ **e-mail:** _____

Parent(s)/Guardian(s): _____

List of Church Ministries/Activities Involved In: _____

High School: _____

College(s) Applied to:

1) _____

2) _____

3) _____

Received Acceptance Letter(s) from: _____



New Hope Missionary Baptist Church Community Service Experience Summary

Name: _____

Please Provide A Summary For Each Different Agent

1. List the agency, phone number, and supervisor where you volunteered.

2. List and describe 3 duties you performed or new skills you learned.

1. _____

2. _____

3. _____

Describe 3 ways this experience changed the way you see things.

1. _____

2. _____

3. _____

3. Describe a specific instance in which you had a big impact on someone else.

4. How can you transfer the positive experiences you gained to your everyday life?

5. Would you recommend this agency to others? Why or why not?

Please Keep A Copy of This Form For Your Records.



**New Hope Missionary Baptist Church
Community Service Log**

Name: _____

Use A Seperate Sheet of Paper If Needed

| | Agency | Date | Volunteer Activity | Hours | Verified By |
|-----|---------------|-------------|---------------------------|--------------|--------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |
| 11. | | | | | |
| 12. | | | | | |
| 13. | | | | | |
| 14. | | | | | |
| 15. | | | | | |

Page 2 must be completed by the person named above and must accompany this log.

This is to certify that the above named person has successfully completed the minimum number of hours for the community service requirements.

Signature of Advisor

Phone/email

Date

Contact information must be completed. The committee will verify service hours with contact listed above.

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