



## **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 24, 2026** or your application may receive reduced points.*

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

Deacon John Dillard  
Sis. Melissa Kitchens  
Sis. Darlene Lewis

Deaconess Gwyn Maclin  
Rev. Dr. Cedrita Reid  
Sis. Michelle Hightower

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 New Hope 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 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 performed around the church cannot 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 counted beginning the first day of the current school year through the scholarship deadline date
5. **Letters of recommendation from two (2) teachers/administrators must be submitted with contact information on school letterhead.** 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. Missing requirements will result in a deduction of points.*



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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**

|     | <b>Agency</b> | <b>Date</b> | <b>Volunteer Activity</b> | <b>Hours</b> | <b>Verified By</b> |
|-----|---------------|-------------|---------------------------|--------------|--------------------|
| 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.**

**Please Keep A Copy of This Form For Your Records.**