

***Mount Zion Baptist Church  
Of Greensboro, Inc.***

***Jubilee Scholarship***



***Application Deadline:  
By 6:00pm on Monday, April 27, 2020***

## **JUBILEE SCHOLARSHIP**

Mount Zion Baptist Church of Greensboro, Inc.  
1301 Alamance Church Road – Greensboro, NC 27406

### GENERAL GUIDELINES

**Purpose:** The Jubilee Scholarship is awarded to the recipient each year for undergraduate studies. A maximum award up to \$5,000 is offered as a means of providing assistance to a non-traditional aged student (adult with a demonstrated financial need) that desires or has a need to enhance her/his overall quality of life through beginning or further educational training to gain improved and new employable skills. The overall goal of the scholarship is simply to be of assistance and enhance the educational experience.

#### **I. Eligibility Requirements: Applicants**

- Must be pursuing an undergraduate degree
- Must demonstrate a financial need
- Must be a member of Mount Zion Baptist Church
- Must be at least 25 years old
- Must be head of household
- Must be a tithing (financial/volunteer) member  
*(Note: Membership status will be confirmed through the office of the Membership Specialist)*

#### **II. Application Process: Submission Requirements**

*Please note that any additional items included in the application packet will be discarded and not considered in the selection process. **This excludes additional sheets needed to complete listings requested on the application***

- Completed application.
- A **one-page typed essay** on the topic, “How I will benefit from the Jubilee Scholarship.”  
**(1” Margin / Times New Roman 12 pt. /Double Space).**
- Proof of acceptance to a college/university of higher education or proof of enrollment for the current semester/quarter.
- **Two (2)** typed letters of recommendation (school, community organization or church) enclosed in a signed and sealed envelope.
- A copy of the **2020-2021 Institutional Student Information Report (ISIR/SAR)**, which is generated after the completion of the Free Application for Federal Student Aid (FAFSA)
- A current wallet-sized photo

*General Guidelines Continue On Next Page →*

***General Guidelines (Continue):***

**III. Award Information: Criteria**

- Financial Need
- Church, school and community activities (respectively)
- Essay

**IV. Award Information: Recipient Enrollment Requirements**

- If awarded, you must provide a billing statement of your enrollment/registration charges upon request.
- Maintain continuous enrollment with an overall 3.0 GPA
- In order for the scholarship committee to monitor your academic progress, you, the recipient, must submit transcript at the end of each academic school year  
*Scholarship funds will be made payable to the school of the recipient's choice in equal disbursements depending on whether the academic school year is based on semesters or quarters*
- **IF THE RECIPIENT'S OVERALL CUMULATIVE GPA FALLS BELOW 3.0 HE/SHE WILL BE INELIGIBLE TO RECEIVE FUNDS THE FOLLOWING SCHOOL YEAR, AND WILL BE PLACED ON PROBATION FOR ONE FULL YEAR. THE RECIPIENT CAN ONLY BE PLACED ON PROBATION ONCE, THEN IS DROPPED ENTIRELY FROM THE SCHOLARSHIP.**
  - Scholarship recipients can appeal to have their scholarship reinstated due to extenuating circumstances by submitting a letter and supporting documentation (**in a timely manner**) to the scholarship committee. The outcome of the appeal will be at the discretion of the scholarship committee and the ministry leader.

**V. Deadline:**

- **Applications packets must be received by 6:00 pm on April 27, 2020**
- Enclose the application and all required documents in a large sealed envelope.
- **Faxed or scanned copies are NOT acceptable.**
- **Application packets should be mailed to:** Mount Zion Baptist Church of Greensboro, Inc.  
Attn: Scholarship Committee  
1301 Alamance Church Road  
Greensboro, NC 27406
- Application packets may also be left at the church receptionist desk, Monday – Friday, from 8:30 am to 6:00 pm.
- Prior to submission, applicants should make a copy of the contents of their packet.

Mount Zion Baptist Church of Greensboro, Inc.

# JUBILEE SCHOLARSHIP

## APPLICATION

Submission Deadline: By 6:00 pm on Monday, April 27, 2020

**Please Type or Neatly Print:**

<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Telephone (With Area Code)</i>	<i>Email Address</i>		
<i>Age:</i> _____	<i>Date of Birth:</i> _____	<i>Membership Years at MTZBC?</i> _____	
<i>MM/DD/YYYY</i>			
<i>Occupation:</i> _____			

1. Have you been accepted to or are continuing at a college/university/trade school? \_\_\_\_ Yes \_\_\_\_ No. If yes, please provide the following:

<i>Location:</i> _____	<i>Annual Tuition:</i> _____	<i>\$</i>
<i>Anticipated Enrollment Date:    Fall, 20</i> _____ <i>Spring, 20</i> _____		
<i>Anticipated Classification:    _____ Freshman    _____ Sophomore    _____ Junior    _____ Senior</i>		
<i>Location:</i> _____	<i>Annual Tuition:</i> _____	<i>\$</i>
<i>Anticipated Enrollment Date:    Fall, 20</i> _____ <i>Spring, 20</i> _____		
<i>Anticipated Classification:    _____ Freshman    _____ Sophomore    _____ Junior    _____ Senior</i>		

2. What is your intended Major? \_\_\_\_\_ Minor? \_\_\_\_\_
3. List church and community/volunteer activities in which you have participated during the past four years.

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4. Give the name, address, and telephone number of two persons not related by blood or marriage that may be consulted as personal references.

**Person 1:**

<i>Name</i>		<i>Phone (With Area Code)</i>	
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

**Person 2:**

<i>Name</i>		<i>Phone (With Area Code)</i>	
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

5. Family Size:    *# of Adults* \_\_\_\_\_                      *# of Children* \_\_\_\_\_ (Up to age 26)
6. Will you be receiving any other financial support (i.e. family, school, etc.)? \_\_\_\_\_ Yes \_\_\_\_\_ No
7. I have read and understand the guidelines governing this scholarship. \_\_\_\_\_ Yes \_\_\_\_\_ No

**Applicant's Name (Print):** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**By signing and submitting this application, you are stating that you have:**

- Completed the application in full
- Included a one-page typed essay
- Included a copy of the *2020-2021 Institutional Student Information Report (ISIR/SAR)*
- Provided proof of acceptance/enrollment
- Provided information regarding scholarships and/or grants already accepted
- Included two written letters of recommendation in sealed envelopes
- Included a current wallet-size photo

**Deadline is April 27, 2020 by 6:00 pm**

**Application packets should be mailed to:**

**Mount Zion Baptist Church of Greensboro, Inc.  
Attn: Scholarship Committee  
1301 Alamance Church Road  
Greensboro, NC 27406**

**Application packets may also be left at the church receptionist's desk, Monday-Friday, from 8:30 am to 6:00 pm. If mailed, it must be postmarked by April 27, 2020.**

**Applicants should make a copy of the contents of their packet prior to mailing.**

**Mount Zion Baptist Church of Greensboro, Inc.**  
**Scholarship Consent to Release Form**

**SECTION A: IDENTIFYING INFORMATION (MUST BE COMPLETED FOR THE STUDENT. PLEASE PRINT CLEARLY)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle I. \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Zip Code \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

**INSTRUCTIONS**

**YOU MUST COMPLETE Section B or C below.**

**RETURN THIS FORM TO:** Mount Zion Baptist Church with your scholarship application.

**SECTION B: STATEMENT OF CONSENT (MUST BE SIGNED BY STUDENT AND PARENT.)**

**Certification:** By signing below, I/we grant Mount Zion Baptist Church (MTZBC) of Greensboro, Inc. permission to disclose to local and state-wide newspapers the students' name and image to be presented in publication in connection with my scholarship application for the purpose of the review of my application, administration, and promotion of the scholarship program. This may include information from my application. This information is only granted if I am awarded a scholarship from MTZBC. I/We understand that MTZBC does not have control over the final edits of outside publications.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date form was signed

\_\_\_\_\_  
 Parent's Signature

\_\_\_\_\_  
 Date form was signed

**OR**

**SECTION C: STATEMENT OF DENIAL (MUST BE SIGNED BY STUDENT AND PARENT.)**

I/We DENY my permission for MTZBC to allow the use of my/our (son/daughter's) name or image in a newspaper publication.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date form was signed

\_\_\_\_\_  
 Parent's Signature

\_\_\_\_\_  
 Date form was signed