

Bethany Baptist Church Scholarship Fund

Dear Scholarship Applicant,

Enclosed you will find information and an application for consideration for a 2016 Bethany Baptist Church (BBC) Financial Aid Scholarship.

Awarded annually, Bethany Baptist Church Financial Aid scholarships are provided to students who demonstrate financial need, academic achievement, and potential to succeed in college. In order to be considered for an award, please follow these instructions:

1. Complete and return all applicant information forms to **The Bethany Baptist Church Scholarship Fund**, 275 West Market Street, Newark, New Jersey, 07103. For tracking purposes, the Scholarship Fund requires all scholarship application materials to be date stamped and applicants to have a receipt. To ensure that your application has been received on or before the **March 31, 2016 deadline:**
 - a. Scan and email your application. The email date and time stamp on the scanned materials will be your receipt. You will receive an automated response once your application has been received and processed.
 - b. Mail your application to Bethany using returned receipt/tracking mail options (e.g. FedEx UPS, USPS). These mailing options will ensure you have a receipt as verification of delivery.

OR

 - c. Deliver your application package to Bethany Baptist Church's main office or church clerk's office. You will receive a receipt and the office will keep a copy.

You will receive an email response once your application has been received and processed, confirming the timely receipt of your materials.

2. Submit a copy of your *latest* academic transcript, copy of your college fee schedule (prior year's fee schedule will be accepted if upcoming year's fees are unavailable), and three (3) recommendations from people *other than family members* who are familiar with your background and motivation to succeed. References can come from Pastors, teachers, guidance counselors, advisors, employers, etc. (Recommendation forms are included in the application package.)
3. Agree to abide by the terms and conditions as stated on the BBC Scholarship Agreement Form. **All scholarship awards will be paid directly to the educational institution and no funds will be given directly to the scholarship recipient. The scholarship committee reserves the right to revoke an award if a recipient does not comply with this or any other rules as stated on the Acceptance Agreement.**

All information should be returned to the BBC Scholarship Fund Committee no later than Tuesday, March 31, 2016. ***Late applications cannot be considered.***

Should you have any questions or concerns, contact the Bethany Baptist Church office at (973) 623-8161 or email the Scholarship Fund Committee at: scholarshipfund@bethany-newark.org. All inquiries will be responded to as soon as possible.

Best wishes and good luck,

The Bethany Baptist Church
Scholarship Fund Committee

The BBC Scholarship Fund Committee is an affiliate of Bethany Cares, Inc., a tax-exempt 501c3 organization. The awarding and subsequent acceptance of scholarship funds is in no way tied to athletic performance or ability of the applicant. No funds have been donated with the explicit purpose of granting awards to specific students related to their athletic ability, nor in return for attending a specific school.

December 2015

Bethany Baptist Church Scholarship Application Checklist

The Scholarship Application checklist must be completed and enclosed as the cover sheet to your application package. Each item on the checklist should be checked indicating the item is included in your package. Once the application has been processed, you will receive a confirmation notice with information for your interview with the scholarship committee.

Your application package is considered incomplete if any of the checklist items are outstanding.

SCHOLARSHIP APPLICATION CHECKLIST

- Completed Application
- Current School Transcripts
- Completed Scholarship Fund Agreement Form
- Completed Scholarship Remittance Form

For Office Use Only

Reviewed by: _____ Date: _____

All Recommendations Received: Yes No

Application Package: Complete Incomplete

Reviewer Notes:

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- New Application**
- Renewal**
- Part Time**
- Full Time**

I General Information:

1. Name _____ Date of Birth (omit year) _____
Last First Middle mm/dd
2. Student ID# (if known) _____ **OR** Last four digits of Social Security Number: xxx-xx-_____
3. Address _____ City _____
Street Apt./Floor
4. State _____ Zip Code _____ Home Phone () _____
5. Mobile Phone () _____ E-Mail Address _____
6. Year in College for the 2016-17 School Year (Check one): 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___
7. College you are attending, or plan to attend _____

II Family Information:

8. Parent/Guardian Name(s) _____ Parent/Guardian's Phone () _____
9. Parent/Guardian's E-Mail Address _____
10. Total # of members in your household _____ Household income (circle one) <\$25K \$25-50K \$50-75K >\$75K
11. Total # of family members attending college full-time during the 2016-2017 school year _____
12. Any other information regarding your family's situation that you would like the Committee to consider: _____

III Supplemental Information:

1. Please list all service and/or extra-curricular activities in which you are currently involved:

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III Supplemental Information (continued):

2. Please list any additional activities, hobbies, interests, and special talents:

3. Please list the church/religious organizations with which you are/were a member:

	Dates
	Dates
	Dates
	Dates

4. Please list the church/religious activities with which you are/were involved:

	Dates
	Dates
	Dates
	Dates

5. Please provide a narrative on your career goals or how you have met your career goals and why you wish to attend or continue to attend college/graduate school:

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6. Provide any additional information that you feel the Committee should consider in reviewing your application:

IV Recommendations:

The Bethany Baptist Church Scholarship Fund Committee requires that you submit three letters of recommendation from persons with whom you have worked, or who can attest to your abilities and your potential to succeed. Recommendations can come from any person *outside of your family*, including your church pastor, guidance counselor, principal, teacher, community leader or employer. A recommendation template is included in this application package for convenience; however, referrers are free to send their referral separately. All recommendation letters **must – at a minimum – address** the requested information listed below, and must be received **no later than March 31, 2016**.

In the spaces below, please provide the names of the three persons you have selected to submit a recommendation and their relationship to you.

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Recommendation letters must include the following information:

- Name of Applicant
- Your Name (Referrer)
- Your Position (Referrer)
- Amount of time you have known the applicant
- *Candid statements addressing the named applicant's abilities, activities and character*

Please forward your letters of recommendation **BY MARCH 31, 2016** to:

scholarshipfund@bethany-newark.org
OR
Bethany Baptist Church Scholarship Fund Committee
275 West Market Street
Newark, New Jersey 07103

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Recommendation Form

Name of Applicant _____

Name of Respondent _____

Position _____

Amount of time you have known the applicant _____

Please provide candid statements addressing the named applicant's abilities, activities and character.

Signature _____ Date _____

Please forward recommendations no later than March 31, 2016 to:

scholarshipfund@bethany-newark.org

OR

Bethany Baptist Church Scholarship Fund

275 West Market Street

Newark, New Jersey 07103

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Cost of Educational Expenses/Financial Aid Form

Please provide the amount for your educational expenses for the college you have selected to attend college next year. In addition, please *provide a copy of your college fee schedule* along with information regarding the amount of financial aid you are scheduled to receive from that institution. If this info is unknown for the upcoming year, please use LAST YEAR'S fee schedule and financial aid received.

A. Educational Expenses

_____ Tuition

_____ Student Fees

_____ Books

B. Financial Aid

_____ Federal Pell Grant

_____ Federal SEOG

_____ Federal Perkins Loan

_____ Federal Work-Study

_____ NJ Tuition Aid Grant

_____ Institutional Scholarships

_____ Stafford Loan

_____ Parent Plus Loan

_____ Subsidized Loans

_____ Unsubsidized Loans

_____ Other Aid

_____ **Total Cost of Educational Expenses**

_____ **Total Financial Aid**

***** Reminder:** Be sure to include a copy of your Student Aid Report (SAR)

***** Note:** Refer to the Bethany Baptist Church website at bethany-newark.org for links to important financial aid information.

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Financial Aid Scholarship Acceptance Agreement

As a recipient of a Bethany Baptist Church (BBC) Financial Aid Scholarship,
I, _____, agree with, and will adhere to, the following:

1. All information provided by me in the submitted aid package is accurate to the best of my knowledge. _____ (Initials)
2. I understand that the BBC Financial Scholarship is for the specific purpose of payment towards tuition, books and lab fees, and **NOT for personal expenses**. _____ (Initials)
3. If any or all of my tuition, books and lab fees are paid by other means, BBC has the right to alter the amount of the scholarship. _____ (Initials)
4. All scholarship awards will be paid directly to the educational institution and **no funds will be given directly to the scholarship recipient**. _____ (Initials)

By initialing each of the four statements above and placing your signature on the space below, you indicate that you accept and will abide by these rules governing the use and disbursement of your scholarship award.

Signature Date

Guardian's Signature (if under 18 yrs. of age) Date

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Financial Aid Scholarship Remittance Form

TO: Jonathan F. Lee
Chairperson, BBCSF

FROM: _____
Scholarship Recipient – **Please PRINT Clearly**

RE: Scholarship Award Information

The requested information is necessary to complete the scholarship award process. **Please PRINT all information clearly.**

Student ID Number: _____

Last four digits of Social Security Number: _____

Complete name of college/university/institute

Street Address – including P.O. Box #, if appropriate

City

State

Zip Code

Attention: _____
Book Store/ Financial Aid Office/Bursar, etc. If available, list the name(s) of the contact name/phone # that correspond to the department.

Please complete and return to Jonathan F. Lee no later than March 31, 2016. Thank you.