

150 East Second Street \* P. O. Box 1329 \* Burlington, New Jersey 08016

## **2024 Continuing Education Member Scholarship**

### **Eligibility Requirements**

- 1.) Applicant must be a member of Tabernacle Baptist Church for two (2) years.
- First year applicants must have successfully completed the fall semester and be currently enrolled in the spring semester within 2 years of graduating high school.
- 3.) Second through fourth year applicants must be currently enrolled in an accredited College, University or Technical School, and have been accepted for the academic year for which this application is submitted. Higher education enrollment must be consecutive for the second through fourth years.
- 4.) Applicant must include his/her resume. This should include all activities (sports, fraternal organizations, clubs, community service activities to date, length of involvement and the contact information of the advisor or leader.
- 5.) Applicant must submit three (3) letters of recommendation from a combination of the following four areas:
  - a. Current College Professor or Advisor;
  - b. Tabernacle Ministry Leader;
  - c. Leader of a community service program or activity; or
  - d. Employer
- 6.) Provide a current certified transcript. This should be emailed to <a href="mailto:scholarship@tabernacle-burlington.org">scholarship@tabernacle-burlington.org</a>. Please take the time to request this in advance of the specified deadline. It is the applicant's responsibility to ensure that their transcript is received by the committee.
- 7.) The length of time an individual may receive the Tabernacle Baptist Church Continuing Education Scholarship will be up to four (4) consecutive years.
- 8.) The applicant must use this scholarship award for the **FALL** semester following award distribution.

#### **Important Application Guidelines**

- 1.) In order to submit your scholarship application please follow the directions listed below:
  - a. Scholarship application is to be completed in its entirety
  - b. Keep a copy of the scholarship packet for your records
  - c. Submit your scholarship application packet in a sealed envelope with your name clearly written on the front
- 2.) Email your completed scholarship application and the supporting documentation to <a href="mailto:scholarship@tabernacle-burlington.org">scholarship@tabernacle-burlington.org</a>.
- 3.) It is the responsibility of the applicant to provide all required documentation, in order for your application to be considered.
- 4.) It is very important that the Scholarship Committee be able to contact you. Thus, if your telephone number changes or is disconnected, please advise the Tabernacle Baptist Church Scholarship Committee via email indicating the change as soon as possible.
- 5.) If you will be graduating this year, please provide a picture (preferably in your cap and gown) for the power point presentation to the church.
- Application must be submitted no later than April 30, 2024

  NO APPLICATION WILL BE ACCEPTED FOR CONSIDERATION AFTER THIS DATE
- 7.) The completion of this application does not indicate that you have been selected for a scholarship. Your application, along with others will be reviewed by the Tabernacle Baptist Church Scholarship Committee and given equal consideration.

Name					

#### **APPLICATION REQUIREMENTS:**

- 1. Complete Tabernacle Baptist Church Application form with required signatures and attachments.
- 2. Required documents to be attachments to the application:
  - Three letters of recommendation (on official stationary and with signature) from the following:
    - Leader of the ministry where you are a member
    - College/University Counselor or Professor
    - Community Service Supervisor
    - Employer
  - Resume consisting of:
    - Your name, address, email address and telephone number;
    - Major Field of study (if medical, list area of concentration)
    - Church, community, school activities; professional memberships;
    - The name and address of the college/university you are attending,
    - Name and telephone number of department chairperson

# $\frac{\text{TABERNACLE BAPTIST CHURCH SCHOLARSHIP}}{\text{APPLICATION}}$

Name:
Address:
Email Address:
Telephone Number:
Parent(s)/Guardian(s) Name/email:
Attach all required documents listed on the previous page to this application.
Applicant Certification:
I,, certify that I am a member of Tabernacle Baptist Church and meet all of the qualifications listed throughout this application. I further certify that all information provided in this application is true and complete.
Applicant Signature: