

Mount Olive Baptist Church

COLEMAN/CHERRY/SMITH SCHOLARSHIP APPLICATION

Mount Olive Baptist Churches
260 Central Avenue
Hackensack NJ, 07601
(201) 489-6888

Scholarship Information

The J.P. Coleman Scholarship Fund, established in 1982 in memory of Rev. Dr. James Patrick Coleman, and the Cherry-Smith Scholarship Fund, established in 1979 in memory of Brothers Raymond Cherry and Chester Smith, was consolidated in 1993 to create the Coleman/Cherry/Smith Scholarship Fund as part of the Mount Olive Baptist Church Scholarship Program. The scholarship rewards spiritual maturity, church involvement, and academic excellence. It is designed to inspire Mount Olive students to succeed in school while helping to relieve some of the financial burdens of post-secondary education.

Eligibility

To participate, you must:

- Be an active member of the Mount Olive Baptist Church or a Sunday School member for at least **one** of the past 5 years.
- Be a member of the High School Graduating class of the year and planning to attend an institution of post-secondary education (e.g., Vocational/Technical School, or 2 or 4 year College or University) in the academic year following graduation.

Requirements

You must submit the following items:

- A completed and signed application form. All information provided on the application form must be typed or printed in black or blue ink and must be clear and legible.
- Supporting documents
 - A typed essay (based on topic listed on application form)
 - One letter of recommendation from a church activity advisor
 - One letter of recommendation from a non-church activity advisor
 - One letter of recommendation from your Mt. Olive Baptist Dean
 - An **official** high school transcript. (Photocopies or website copies are not acceptable.)
- Proof of acceptance at an institution of post-secondary education and the school bill for the fall semester (bill must be provided by August 1st)
- If your award is given over 2-4 years an **official** post-secondary school transcript from the prior term and the school bill for the upcoming semester is due by August 1st of each year. Photocopies are not acceptable.
- An interview before the Education and Scholarship Committee.

Evaluation

Applications will be reviewed and evaluated on a 100-point scale. The monetary award is based upon the points received for the application. The scoring is based on the following criteria:

- | | |
|--|-----------|
| • Church Participation/Sunday School Participation and Length of Service | 60 points |
| • Academic Record/School Activities | 10 points |
| • Community Service/Employment History | 10 points |
| • Essay | 10 points |
| • Interview | 10 points |

Deadline

The application, essay, all recommendations, and transcript must be received in the church office no later than **2:00 PM, April 14, 2024.**

Application (cont.)

List Post-Secondary Institutions for which you have applied or are applying
(indicate **acceptance** with *)

Name	City	State

What are your career goals and objectives? _____

List extracurricular activities (e.g., Sports, Band, Clubs, etc. List any offices held)

List current work experience and number of hours per week you work

List prior work experience, if any

List community service _____

Dates to Remember

April 14, 2024	COMPLETED application package due at the church by 2:00 PM. (see checklist)
1st Week of May	Individual Interviews Conducted Each applicant will be contacted and assigned an exact date and time.
2 nd Sunday in June Education Day	Awards announced during 9:30am service. Applicant must attend service to receive award.
August 1 st	Proof of Acceptance and Bill due to the church office. Photocopy or website copy not acceptable. Required for release of Fall semester check.
August 1, each year	Official Transcripts due to the church office. Photocopy or website copy not acceptable. Required for release of checks for the next 3 years

Checklist

Application Form

Provide complete and descriptive answers to all the questions on the form. Abbreviations and acronyms should not be used. Name of individuals and organizations should be written out and, if necessary, explained. Remember to sign and have your parent/guardian sign the application.

Participation Pages

Complete as many of these pages as necessary. Your class dean has additional pages. Be sure to include dates of participation (approximate if necessary) and have an advisor sign. If the auxiliary no longer exists, indicate so. If your advisor is no longer available to sign, have a current advisor sign and indicate so.

Typed Essay

Proofread your essay carefully. If possible, ask a friend, parent or teacher to read it as well.

Letter of Recommendation from Church Activity Advisor

Select an advisor from Mount Olive who knows you well.

Letter of Recommendation from non-Church Activity Advisor

Select an individual who knows both you and your abilities well. Possible sources are a teacher or employer as well as an advisor for community or extracurricular (school or non-school related) activities.

Letter of Recommendation from Mt. Olive Baptist Church Dean

Contact the individual(s) who is(are) responsible for the graduating class of the current academic year within Mt. Olive Baptist Church

High School Transcript

Only an **Official** High School Transcript will be accepted.

Return all of the above by 2:00 PM on April 14, 2024:

*Mount Olive Baptist Church Scholarship Program
Coleman/Cherry/Smith Scholarship Award
Attn Michelle Hammond
260 Central Avenue
Hackensack, NJ 07601*

Proof of Acceptance at an Institution of Post-Secondary Education

Must be submitted by August 1st

Post-secondary School Transcript (for second through fourth year award)

Must be submitted by August 1st each year

Recommendation Form – Church Activity

Applicant _____

Respondent Information

Auxiliary _____

Name _____ Title _____

Address _____

Phone _____

The applicant named above is applying for the Coleman/Cherry/Smith Scholarship. Please tell us what you can about the applicant that would aid the Education and Scholarship Committee in its evaluation. Be sure to list the activities in which he or she has participated. Tell us what distinguishes the applicant from his or her peers and how you have seen him or her grow during the time you've worked together. Please attach additional pages if necessary.

Signature

Date

**Recommendation Form – Non-Church Activity (Volunteer, Community,
Or Employment)**

Applicant _____

Respondent Information

Organization _____

Name _____ Title _____

Address _____

Phone _____

The applicant named above is applying for a scholarship at Mount Olive Baptist Church. Please tell us what you can about the applicant that would aid the Education and Scholarship Committee in its evaluation. Be sure to list the activities in which he or she has participated or, if employed by you, his or her specific responsibilities. Tell us what distinguishes the applicant from his or her peers and how you have seen him or her grow during the time you've worked together. Please attach additional pages if necessary.

Signature

Date

Recommendation Form – MOBC Dean

Applicant _____

Respondent Information

Organization _____

Name _____ Title _____

Address _____

Phone _____

The applicant named above is applying for a scholarship. Please tell us what you can about the applicant that would aid the Education and Scholarship Committee in its evaluation. Be sure to list the activities in which he or she has participated in the Dean Program. Tell us what distinguishes the applicant from his or her peers and how you have seen him or her new grow during the time you have worked with together. Please attach additional pages if necessary.

Signature

Date

Sunday School/Church Participation

Student Name _____

Auxiliary _____ Participated From ___/___ to ___/___

Offices Held _____

Advisor's Signature _____

Auxiliary _____ Participated From ___/___ to ___/___

Office(s) Held _____

Advisor's Signature _____

Auxiliary _____ Participated From ___/___ to ___/___

Office(s) Held _____

Advisor's Signature _____

Auxiliary _____ Participation From ___/___ to ___/___

Office(s) Held _____

Advisor's Signature _____

Applicant's signature _____ Date _____

By signing this application, I acknowledge that this application is done with my knowledge and approval.

Parent/Guardian signature _____ Date _____

ESSAY

Topic (typed; double-spaced; Minimum 500 words; Maximum 1000 words)

Which factors have played an integral role in shaping your dreams and aspirations.