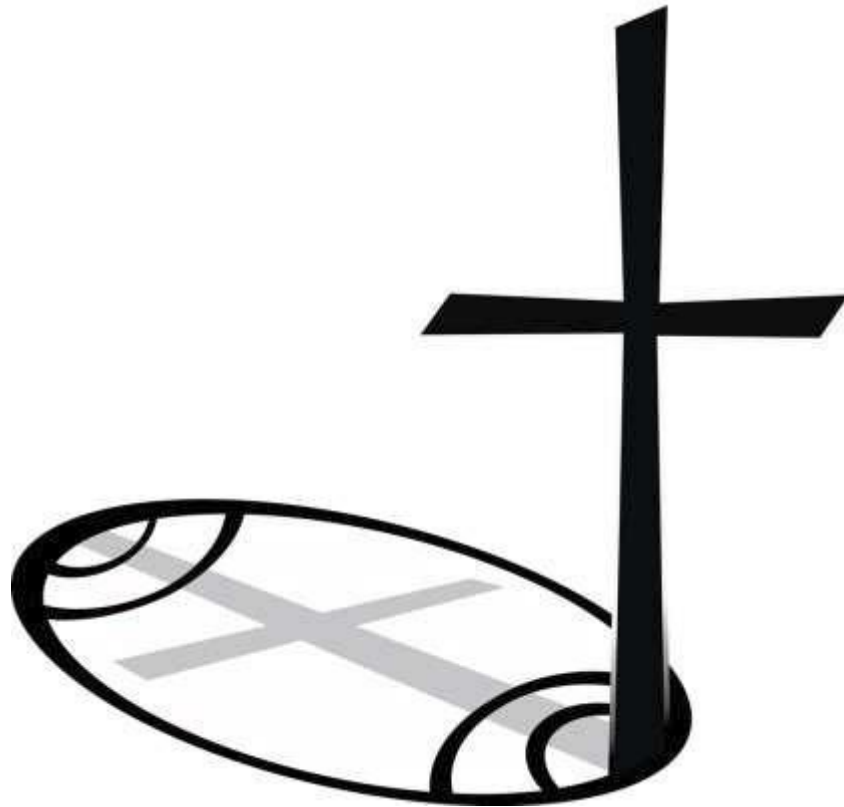


Akron Area Association of American Baptist Churches

COLLEGE SCHOLARSHIP PROGRAM

APPLICATION



Revised 11/15/2022

**AKRON AREA ASSOCIATION OF AMERICAN BAPTIST CHURCHES
COLLEGE SCHOLARSHIP PROGRAM**

APPLICATION INSTRUCTIONS

Instructions for Applicant:

1. Read the guidelines carefully and review the application form.
2. All application forms and materials should be typed or neatly printed in black or blue ink.
3. Official transcript(s) and requested letter(s) of recommendation must be included with the application.
4. **OPTIONAL:** If the applicant requests financial consideration, a completed copy of the Financial Disclosure Statement must be included with the application.
5. Only complete application packages will be accepted. If any of the requested items are not included in the packet, it will not be processed and the applicant notified of the omission. Applications are not considered accepted until they are complete and all requested supporting materials are included.
6. Applications will be accepted January 1st through the end of business on May 31st.
7. Deliver your application and required materials to the Akron Area Association Scholarship Administrative Coordinator on or before May 31 of any calendar year. Applications may be returned by email to clerk@aaa-abc.com, or mail all documents to:

Akron Area Association Scholarship Committee
c/o Trinity Baptist Church
1211 East Maple St.
North Canton, OH 44720

Eligibility Requirements:

1. The applicant must have maintained an active member relationship with an ABC/Ohio Akron Area Association member church. (“Active member”: A member in good standing who attends Sunday services/activities at least fifty (50) percent of the time while at home or attending school [may participate with another church while away].)
2. Applicant shall be a recent high school student or a higher-education student pursuing their first college/university undergraduate degree, or first professional certification at a technical, vocational or trade school.
3. There are no age restrictions, and no restriction regarding field of study.
4. The applicant must have applied to (or be currently attending) their school of choice and must provide documentation of acceptance if requested by the Scholarship Committee before an award is confirmed.

Application Forms:

1. Application forms will be available after January 1 each year. All applications must be returned to the Akron Area Association Scholarship Administrative Coordinator on or before May 31 of the same year.

2. A new application form and required materials must be submitted each time the applicant applies for the Akron Area Association of American Baptist Churches Scholarship.
 - a. If a previous recipient wishes award consideration for a subsequent year, they must meet the application criteria, and include a statement of progress toward completion.
 - b. If a previously unsuccessful candidate wishes reconsideration, they must meet the application criteria, and include a statement of interim progress.
3. Additional pages may be attached to the application to allow applicant to completely provide their information.

Accompanying Forms:

1. Application packets must include:
 - a. **Initial application:**
 - 1) A completed copy of the application form
 - 2) A recent copy of applicant's high school or college transcripts
 - 3) Two (2) written, signed recommendations from non-relatives:
 - a) Recommendation from a non-relative, preferably a high school or college instructor, or someone who knows the applicant well
 - b) Recommendation from the applicant's pastor. If the pastor is related to the applicant, then a recommendation from a church member is preferred
 - 4) *If the applicant requests **optional** financial consideration:* A completed copy of the Financial Disclosure Statement
 - b. **Renewal application:**
 - 1) A completed copy of the application form
 - 2) A recent copy of applicant's college transcripts
 - 3) One (1) written, signed recommendation from a non-relative, preferably a college instructor
 - 4) A statement of progress towards degree completion
 - 5) *If the applicant requests **optional** financial consideration:* A completed copy of the Financial Disclosure Statement
2. All parts of the application must be received by the Akron Area Association Scholarship Administrative Coordinator on or before May 31.

Interview:

The Scholarship Committee may request additional applicant information, either in writing or through an interview process. All interviews shall be completed prior to August 1 of the application year.

Specifics:

1. Applicants will be notified of award status after August 1st of the application year.

2. Each scholarship will be for a period of one (1) year. Scholarships are not guaranteed to be renewable, but previous scholarship recipients may re-apply for an additional award. No more than four (4) annual College scholarships may be awarded to any individual.
3. Scholarships are awarded at the sole discretion of the Scholarship Committee.
4. Scholarships may be applied toward tuition, fees, and other school expenses, including books and other instructional materials.
5. Funding is limited. Applicants should understand that not being awarded a scholarship in no way indicates a rejection of the worthiness of the applicant.
6. Any interpretation of the guidelines, disbursement procedures, or requirements shall be determined solely by the Executive Leadership Team of the ABC/Ohio Akron Area Association.



Akron Area Association of American Baptist Churches
College Scholarship Program
APPLICATION



Application packets for financial assistance **MUST INCLUDE:**

1. Initial application:

- a. A completed copy of the application form
- b. A recent copy of applicant's high school or college transcripts
- c. Two (2) written, signed recommendations from non-relatives:
 - i. Recommendation from a non-relative, preferably a high school or college instructor, or someone who knows the applicant well
 - ii. Recommendation from the applicant's pastor. If the pastor is related to the applicant, then a recommendation from a church member is preferred
- d. *If the applicant requests **optional** financial consideration:* A completed copy of the Financial Disclosure Statement

2. Renewal application:

- a. A completed copy of the application form
- b. A recent copy of applicant's college transcripts
- c. One (1) written, signed recommendation from a non-relative, preferably a college instructor
- d. A statement of progress towards degree completion
- e. *If the applicant requests **optional** financial consideration:* A completed copy of the Financial Disclosure Statement

STUDENT INFORMATION:

NAME _____

EMAIL _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

If under 18 years of age:

PARENT or GUARDIAN NAME _____

EMAIL _____ *PHONE* _____

CHURCH NAME _____

PASTOR _____ PASTOR'S PHONE _____

HIGH SCHOOL _____

GRADUATION YEAR _____ DATE OF BIRTH _____

Name: _____ Church: _____

CHRISTIAN ACTIVITIES AT HOME AND IN SCHOOL: Describe your current and past church, school and community activities that are evidence of an active faith in Jesus Christ.

CHRISTIAN COMMITMENT STATEMENT: Explain your commitment to Jesus Christ.

DESCRIBE YOUR CAREER PATH: What employment or ministry opportunity do you believe God is leading you into through this degree?

Additional pages may be attached to completely provide your information.

ABC/OHIO AKRON AREA ASSOCIATION COLLEGE SCHOLARSHIP APPLICATION FORM (PG 3 of 3)

Name: _____ Church: _____

ACADEMIC INFORMATION:

College or School: _____ Applying for Fall of _____ (Year)

Major: _____ GPA: _____

Credit Hours Earned to Date: _____ Credit Hours Required for Degree: _____

Student Status During Scholarship Year: (Full/Part Time) _____

HAVE YOU APPLIED FOR OR RECEIVED OTHER SCHOLARSHIP FUNDS? (Y/N) _____

DESCRIPTION AND ANNUAL AMOUNT: _____

By applying, I acknowledge and agree that all decisions of the ABC/Ohio Akron Area Association Scholarship Committee regarding the award program and use of scholarships may be made by it in its sole and absolute discretion, subject only to compliance with applicable laws, rules and regulations. As such, all decisions of the ABC/Ohio Akron Area Association Scholarship Committee shall be final and binding and are not subject to challenge by applicants in any manner.

STUDENT SIGNATURE _____ DATE _____

If under 18 years of age:

PARENT or GUARDIAN SIGNATURE _____

Complete applications must be returned to the ABC/Ohio Akron Area Association Scholarship Program Administrative Coordinator on or before May 31st of each year for which funds are being applied for.

Applications may be returned by email to clerk@aaa-abc.com, or mail all documents to:
Akron Area Association Scholarship Committee
c/o Trinity Baptist Church
1211 East Maple St.
North Canton, OH 44720

ABC/OHIO AKRON AREA ASSOCIATION COLLEGE SCHOLARSHIP APPLICATION FORM
FINANCIAL DISCLOSURE STATEMENT (OPTIONAL)

NAME: _____ CHURCH: _____

College or School: _____ Applying for Fall of _____ (Year)

Full/Part Time: _____ Resident/Commuter: _____ Tuition (annual): \$ _____

Room/board (if applicable): \$ _____ Other fees/books (describe and amount): _____

Combined household income (*please enter Adjusted Gross Income from U.S. 1040 Tax Return for the most recent tax year – combined for parents/guardians and student/applicant*): \$ _____

Number of household dependents: _____ Number in college during application year: _____

Have you applied for financial aid at the college or university you plan to attend? (Y/N) _____

Have you applied for Federal educational grants? (not including loans) (Y/N) _____

Have you received any grants or scholarship funds? (Y/N) _____

Description: _____

Annual amount: \$ _____ Renewable? (Y/N) _____

Description: _____

Annual amount: \$ _____ Renewable? (Y/N) _____

Other comments: _____

Attach additional pages if necessary.

Taking into consideration personal funds, family and church support, outside scholarships and student loans, please list a *realistic* award amount that will benefit your academic year: \$ _____

STUDENT SIGNATURE _____ DATE _____

PARENT or GUARDIAN SIGNATURE _____