

INSTRUCTIONS TO RECEIPT

Attached is a verification form, which must be signed by a school official and mailed to the following address:

Maybe Mail to:

**The Education Committee Ministry
Ebenezer Baptist Church
148 Locust Street
Lancaster, Pennsylvania 17602**

Please be sure to complete the entire application form, ensuring to remove these instructions before giving them to the school official, keeping the instructions for your records.

Upon review of application as well as other provided necessary information with an authorized signature from the college sealed, a check will be mailed directly to you to the address provided by you so that you will not get penalized by any other grants you may have received.

It is important that you include your proper mailing address, which would include your street number, box number, apartment number or the name of the hall in which you reside and your zip code.

Also, please provide a telephone number and email address where you can be reached in case additional information is required.

Ebenezer Baptist Church

Education Committee Ministry

VERIFICATION FORM

This is to verify that: _____
(Last) (First) (Middle)

Is enrolled as a student at: _____

Enrollment of Date: _____

Address of School: _____
(No P.O. Boxes please)

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Student's Address: _____
(No P.O. Boxes please)

City: _____ State: _____ Zip: _____

Home Tele. #: _____ Cell Tele. #: _____

Email Address: _____ Date of Birth: _____

Name authorized school official: _____
(please print)

Official title: _____ **Date:** _____

Signature of authorized school official: _____

EBENEZER BAPTIST CHURCH SCHOLARSHIP APPLICATION

~Please Print Legibility ~

Name: _____
(Last) (First) (Middle)

Home Address: _____
(No P.O. Boxes please)

City: _____ State: _____ Zip: _____

Home Tele. #: _____ Cell Tele. #: _____

Email Address: _____ Date of Birth: _____

Name of High School: _____

Address of High School: _____
(No P.O. Boxes please)

City: _____ State: _____ Zip: _____

High School Grade Point Average: _____

Activities involved in while attending High School: _____

Awards received or recognitions: _____

Employment and/or internship during school or summers: _____

EBENEZER BAPTIST CHURCH SCHOLARSHIP APPLICATION

~Please Print Legibility ~

Name of School: _____
(College, university, trade, business, technical, etc.)

Address of School: _____
(No P.O. Boxes please)

City: _____ State: _____ Zip: _____

Expected field(s) of study or major(s): _____

Name of father or male guardian: _____

Current occupation: _____

Employer: _____

Name of mother or female guardian: _____

Current occupation: _____

Employer: _____

The total income before taxes of parents or guardians: _____

List persons who derive support from family's income:

Name	Age	Relationship	Comments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have read the requirements of this scholarship and understand that any false information supplied by me could cause this cancellation of this scholarship.

Signature

Date

Please answer the following question in 400-500 words:
How I can make a difference in my community by receiving higher education?

