



# New Destiny Baptist Church Scholarship Application Form

*For Undergraduate, Technical, or Certification Program Support*

## Applicant Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Contact Method:  Phone  Email

## Education Information

High School Attended: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Current or Intended Institution:

College / University / Technical School / Certification Program:

Program or Major: \_\_\_\_\_

Anticipated Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Enrollment Status:  Full-Time  Part-Time

### **Church Involvement**

Are you a member of New Destiny Baptist Church?  Yes  No

Year you joined: \_\_\_\_\_

Please list ministries or church activities in which you are or have been involved:

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### **Community Service**

Please describe your involvement in community service or volunteer activities: \_\_\_\_\_

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### **School Activities**

Please list any extracurricular or leadership activities at your school:

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### **Essay (Attach as a Separate Document)**

Please attach a typed essay (500 words max) addressing the following:

- Your academic and career goals
- How this scholarship will assist you
- Your personal journey and commitment to faith and service

### **Required Attachments (Check each to confirm inclusion)**

- Most recent transcript (high school or postsecondary)
- One letter of recommendation
- Recent photo (headshot preferred)
- Typed personal essay

### **Certification and Signature**

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that all information is subject to verification, and I may be disqualified if any information is found to be false.

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **Submission Instructions**

Completed applications must be submitted to the church office by **May 08, 2026**. Applications may be typed or neatly printed. Only complete applications will be reviewed.

Contact for Questions:

Deaconess [Full Name], Scholarship Committee Chair

Phone: [Insert Phone Number]

### **Committee Use Only (Do not write below this line)**

Date Received: \_\_\_\_\_

Application Complete:  Yes  No

Reviewed By: \_\_\_\_\_

Decision:  Approved  Denied

Award Amount: \$ \_\_\_\_\_

Notification Sent: \_\_\_\_ / \_\_\_\_ / \_\_\_\_