

GOOD HOPE BAPTIST CHURCH

"A *God Empowered Ministry*"

RICKY E. CARTER, M.DIV., TH.D., PASTOR-TEACHER



DATE: February, 2019

From: Star Five Scholarship Committee

To: GHBC High School Graduates

RE: Scholarship Application 2019

On behalf of the Five Star Committee of the Good Hope Baptist Church, we are pleased to have you apply for the Five Star Scholarship.

The scholarship committee will award one scholarship for a student who will be attending an accredited four year college/university or a student attending a community college, vocational or technical school.

In order to apply, you **must be a member of Good Hope** who is a graduating senior from a high school with a GPA of 2.5 or better.

All applications submitted must have the following documentation attached:

1. GPA verified by school counselor
2. Official transcript (Sealed)
3. Three letters of recommendation on forms provided in packet (one from your high school, one from a community leader and one from a GHBC ministry leader)

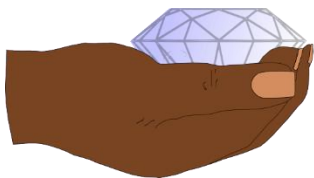
Upon receipt of your completed application, you will be notified with further instructions.

All applications must be completed and submitted by Sunday, May 5, 2019. Please return your completed packet to Paulette Green in the Church Office. If you have any questions regarding the application process please contact Chip Jackson at 337.371.8918.

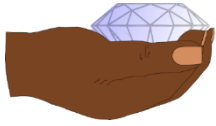
Sincerely,

Five Star Scholarship Committee

AJ:pmg



1501 E. Willow St. • Lafayette, LA 70501-3839
Office: 337.232.3090 or 337.232.3252 • Fax: 337.232.5456 or 337.232.4335
church@goodhopebc.net • www.goodhopebc.net



**GOOD HOPE BAPTIST CHURCH
2019 SCHOLARSHIP APPLICATION**

COMPLETE AND RETURN BY SUNDAY, MAY 5, 2019

APPLICANT

NAME _____

MAILING ADDRESS _____

Street, Apt #, PO Box

City

State

Zip Code

TELEPHONE (_____) _____

MOTHER'S NAME _____

FATHER'S NAME _____

HIGH SCHOOL _____ **GPA** _____

INTENDED PLACE OF STUDY _____

College, university, technical school, etc.

SCHOOL ORGANIZATIONAL INVOLVEMENT (academic, social, sports) Attach additional sheet of paper if needed

CHURCH INVOLVEMENT (check all that apply)

- _____ Joshua Generation (Youth Ministry)
_____ Children & Youth Choir
_____ Mass Choir
_____ Tuesday Bible Study & Prayer Meeting
_____ Empowerment Hour
_____ Vacation Bible School
_____ Other (special committee(s) identify below

LETTER OF REFERENCE

GOOD HOPE BAPTIST CHURCH SCHOLARSHIP

APPLICANT (please print)

NAME _____ DUE DATE _____

ADDRESS _____

PHONE _____ EMAIL _____

INSTRUCTIONS: This letter of reference form is to be completed by a person whose relationship to the applicant meets one of the criteria below, who has known the applicant at least one (1) year and can attest to the applicant's character, leadership and service.

RELATIONSHIP TO APPLICANT (check all that apply)

- _____ High school teacher, counselor, or administrator
- _____ Community Leader
- _____ GHBC Ministry leader/Empowerment Hour/VBS teacher

Please check all statements that apply to this Applicant on the basis of your own experiences. If you do not have an answer, mark "NA"

	Strongly agree	Agree	Disagree	Strongly disagree	NA
Obeys all school policies					
Polite, kind, honest, fair					
Involved in school community					
Respect others and those in authority					
Works well in a team environment					
Carries oneself in a Christian manner					
Involved in church community					

PLEASE CONTINUE

PERSONAL STATEMENT: Please give a brief statement attesting to the Applicant's character, leadership and service. Your statement is limited to the space provided.

Do not submit additional letters or other documents. These will not be reviewed by the Scholarship Committee of Good Hope Baptist Church.

PLEASE TYPE OR PRINT

By signing this form, I verify that all of the information I have provided, including, but not limited to, my signature, is true and correct.

Signature and Title

Print name

Date

Address

Phone ()

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GOOD HOPE BAPTIST CHURCH SCHOLARSHIP

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Date

Address

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RICKY E. CARTER, M.DIV., TH.D., PASTOR-TEACHER



GRADUATE INFORMATION FORM 2019

Name _____

Address _____

Phone/contact information _____

Parents/Guardian _____

Educational Institution (school, college/university, training, etc) _____

College/University Graduates: Degree/Area of Concentration _____

High School Graduates: GPA _____ ACT Score _____

Church Involvement _____

School/Other Activities _____

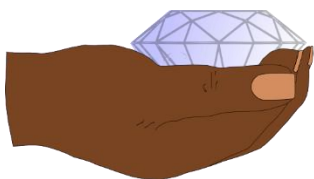
Hobbies _____

Favorite Scripture _____

Future Plans _____

- Only members of Good Hope Baptist Church are eligible to participate
- Your date of graduation must fall between July 2018 and June 2019
- Attach additional sheets if you need more space

RETURN COMPLETE BY SUNDAY, MAY 5, 2019 TO THE CHURCH OFFICE



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church@goodhopebc.net • www.goodhopebc.net

DOCUMENTATION OF VOLUNTEER ACTIVITY

PLEASE PRINT LEGIBLY

NAME:	EMAIL:
TELEPHONE:	DATE SUBMITTED:
LOCATION OF VOLUNTEER ACTIVITY:	LOCATION TELEPHONE:
SUPERVISOR:	TELEPHONE

SERVICE TIME INFORMATION	TYPE OF SERVICE
BEGINNING DATE:	
ENDING DATE:	
TOTAL HOURS:	

LOG-IN SHEET

TO BE USED FOR ALL VOLUNTEER ACTIVITIES

DATE	HOURS	DATE	HOURS
			TOTAL HOURS

SIGNATURES

SUPERVISOR:	DATE:
VOLUNTEER:	DATE: