

GOOD HOPE BAPTIST CHURCH

"A **G**od **E**mpowered **M**inistry"

DR. RICKY E. CARTER, PASTOR-TEACHER



DATE: April 2024

From: Five Star Scholarship Committee

To: GHBC High School Graduates

RE: Scholarship Application 2024

Greetings,

On behalf of the Five Star Scholarship Committee of the Good Hope Baptist Church, congratulations on your upcoming high school graduation. We invite you to apply for the Five Star Scholarship.

The scholarship committee will award one scholarship to a student who will be attending an accredited four-year college/university or a student attending a community/technical college.

The application packet is enclosed.

In order to apply, you **must be a member of Good Hope** who is a graduating senior with a GPA of 2.5 or better. In addition, all applications must have the following documentation:

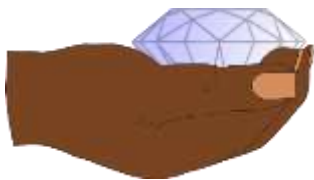
1. GPA and ACT verified by school counselor
2. Official transcript (Sealed)
3. Three letters of recommendation on forms provided in packet (one from your high school, one from a community leader and one from a GHBC ministry leader)

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

All applications must be completed and submitted by Thursday, May 2, 2024, no later than 12 noon. Please return your completed packet to Sis. Paulette Green in the Church Office or by email to paulettegre1012@gmail.com. If you have any questions regarding the application process, please contact Bro. Chip Jackson at 337.371.8918 or chipj@louisiana.edu

Sincerely,

Five Star Scholarship Committee



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
2024 SCHOLARSHIP APPLICATION**

COMPLETE AND RETURN BY THURSDAY, MAY 2, 2024

APPLICANT

NAME _____

MAILING ADDRESS _____

Street, Apt #, PO Box

City

State

Zip Code

TELEPHONE (_____) _____

MOTHER'S NAME _____

FATHER'S NAME _____

HIGH SCHOOL _____ **GPA** _____ **ACT (COMPOSITE SCORE)** _____

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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Signature and Title

Print name

Date

Address

Phone ()



GRADUATE INFORMATION FORM 2024
MUST BE COMPLETED BY ANYONE WHO WANTS TO PARTICIPATE IN THE GRADUATE
RECOGNITION PROGRAM TO BE HELD ON
SUNDAY, MAY 19, 2024

Name _____

Address _____

Phone/contact information _____

Parents/Guardian _____

Educational Institution (high school, college/university, community/technical school) _____

College/University Graduates: Degree/Area of Concentration _____

Church Involvement _____

School/Other Activities _____

Hobbies _____

Favorite Scripture _____

Future Plans _____

- Only members of Good Hope Baptist Church are eligible to participate in the program.
- Attach additional sheets if you need more space.

RETURN COMPLETED APPLICATION TO SIS. PAULETTE GREEN AT THE CHURCH OFFICE OR EMAIL:
paulettegre1012@gmail.com

BY THURSDAY, MAY 2, 2024 NO LATER THAN 12 NOON



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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:

