

THE ANNIE L. NIXON MEMORIAL SCHOLARSHIP FUND
OF THE
MACEDONIA BAPTIST CHURCH
141 SOUTH NINTH AVENUE
MOUNT VERNON, NEW YORK 10550
Senior Pastor: Rev. Dr. Darren M. Morton
Assistant Pastor: Rev. Joyce W. Somerville

**2025
APPLICATION FOR
HIGH SCHOOL GRADUATE
AND
FIRST-TIME APPLICANT**

CHECK ONLY ONE BOX BELOW:

- Applying for an academic scholarship based upon the highest average.
- Applying for undergraduate financial assistance.
- Applying for graduate financial assistance based upon demonstrated financial need and academic achievement.

APPLICANT INFORMATION

PERSONAL DATA:

Name:

Address:

Apt #:

City:

State:

ZIP Code:

Date of Birth:

Tel No.:

Previous address:

City:

State:

ZIP Code:

Occupation: (if student, please indicate student)

Marital Status: Check One Box Below

- Single
- Married
- Widowed
- Separated or Divorced

CHURCH MEMBERSHIP:

A. All applicants are required to be a member of the Macedonia Baptist Church.

B. Please give approximate Date of Membership: _____

EMPLOYMENT:

Employer:

Employer address: How long: _____

Phone:

City: State: Zip Code:

FAMILY INFORMATION:

Mother's Name:

Address:

Father's Name:

Address:

INFORMATION REGARDING APPLICANT'S EDUCATION:

NAME OF SCHOOL (BEGIN WITH HIGH SCHOOL)	ADDRESS	YEARS OF ATTENDANCE	DEGREE OR DIPLOMA

High School Scholastic Average: _____

Name of College You Will Be Attending:

Name:

Address:

LIST EXTRA-CURRICULAR ACTIVITIES

1. Please list the clubs and/or Organizations in which you take an active part at school:

2. Please list the Honorary Societies to which you belong:

3. List all Awards, Honors, or Citations not previously stated:

FINANCIAL INFORMATION:

1. Are you receiving any financial assistance at present?

YES NO

a. BEOG, TAP, etc.

b. Civic, Fraternal or Church Organization Scholarships?

2. If YES, is it a Loan? _____ Scholarship? _____

3. If YES, state the source: _____

4. If YES, state the amount: _____

5. Do you live at home? YES NO

6. Are you dependent on parents or guardians for support? YES NO

To Be Completed by Applicant:

B. Describe below any pertinent information concerning your own financial obligations that would be helpful in assessing your financial need for this scholarship.

Signature of Applicant

Date

Notice of acceptance to an accredited college and your current transcript must be provided when the completed application is submitted.

Please attach the following with this form:

1. All applicants must include a photograph.
2. Notice of acceptance to an accredited college.
3. Transcript.
4. Letters of reference from teacher, administrator, or Guidance Counselor from your school.
5. Letter of reference from Clergy or Department Head of Ministry at Macedonia Baptist Church, in which the applicant is an active member.

**SUBMIT ALL COMPLETED APPLICATIONS AND REQUIRED FORMS BY
SUNDAY, MAY 25, 2025**

COMPLETED APPLICATIONS CAN BE SUBMITTED VIA EMAIL TO THE FOLLOWING:

covenant9ave@msn.com

or

only1jaye@aol.com

YOU CAN ALSO SUBMIT FORMS TO THE FOLLOWING MAILING ADDRESS:

**Macedonia Baptist Church
141 South Ninth Avenue
Mount Vernon, New York 10550
The Annie L. Nixon Memorial Scholarship Fund Committee
Attention: Ms. Jelena Coleman, Mrs. Edmonia Snipe, Minister Barbara Howell and
Minister Harriet Mathis-Clary**