

BELMONT AVENUE BAPTIST CHURCH
9215 South Avalon Boulevard, Los Angeles, CA 90003

Dr. Ronald Bridgette, Pastor-Teacher

Phone: 323-757-2195

Website: www.belmontavebaptistla.com

John and Evelyn Friar Memorial Scholarship Fund 2024

THEME: Imagine The Possible Through Higher Education

Thank you for your interest in applying for this scholarship. Please read, review, and follow all instructions.

Make Sure You Meet All Requirements

Before applying for this scholarship, make sure you meet all the requirements for it. You may be disqualified if the requirements are not met.

A. To be eligible for this scholarship you must:

- 1) Be a high school senior enrolling in a 4-year college/university with verification of your acceptance/enrollment by providing a copy of your acceptance letter.
- 2) A current student enrolled in a 4-year college/university with verification of attendance by providing a copy of your enrollment.
- 3) A current community college student transferring to a 4-year college/university with verification of acceptance/enrollment by providing a copy of your acceptance letter.

B. The grade point average (GPA) requirement is 2.5:

NOTE: Applications that are submitted with a GPA lower than 2.5 will not be considered.

- 1) Please scan your official high school or official college transcript and include it with your application.

C. Two recommendation forms **MUST** be submitted with the application. The recommendation forms should be from a teacher, professor, guidance counselor, or school administrator.

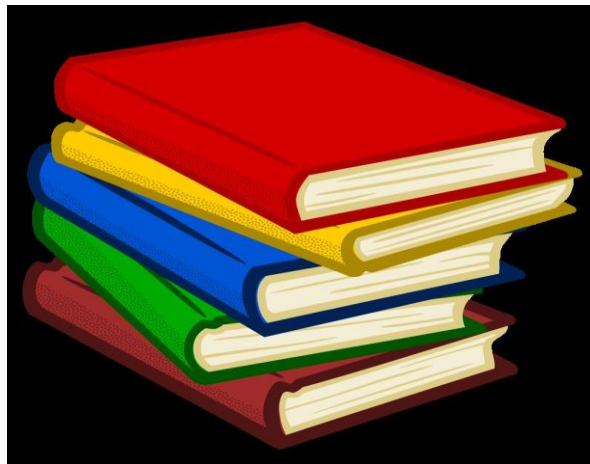
D. FINAL CHECKLIST:

- 1) A cover sheet with your photo and your name
- 2) An official photo identification
- 3) Your college/university acceptance letter
- 4) Your official high school or official college transcript
- 5) A completed application
- 6) Your recommendation forms

E. REMEMBER TO CHECK AGAIN BEFORE SENDING YOUR APPLICATION:

- 1) Application **MUST** be emailed to: info@belmontavebaptistla.com, by **June 24, 2024, 8:00 PM.**
- 2) **No late or incomplete items listed on the Final Check List will be accepted.**

F. The Scholarship Committee will review and evaluate your documents. Once a decision is reached, you will be notified via email. Make sure your documents contain up-to-date information.



My signature below signifies that I understand and agree to the following:

If I am selected to receive a scholarship and my official grade point average is less than what I reported in my application, I will not be eligible to receive the scholarship. I will provide verification of my enrollment status.

I have complied with all the application requirements, and I certify that the information provided is true. **If any information on this application has been falsified, I am fully aware that my application will be withdrawn from consideration.**

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

John and Evelyn Friar Memorial Scholarship Fund

Due: Monday, June 24, 2024, by 8:00 PM

Personal Information	
Name (First, Middle, Last):	
Address (Street, City, State, Zip Code)	
Telephone Number:	Date of Birth (mm/dd/yr):
Gender (Circle): Male Female	
Email Address:	
Father's Name/Address/Phone Number	
Mother's Name/Address/Phone Number	
College/University/Trade Information	
Name of Institution (currently enrolled or plan to enroll):	
Address (Street, City, State, Zip Code)	
Telephone Number:	Intended Major or Major:
Class Standing (Circle): Freshman Sophomore Junior Senior	Current GPA if enrolled:
Academic Information	
Name of High School	
Address (Street, City, State, Zip Code)	
Telephone Number:	Date of Graduation:
GPA (official transcript required):	
Church Affiliation	
Name of Church currently attending:	
Address (Street, City, State, Zip Code)	
Telephone Number:	How long have you been a member?
Pastor Name:	
Employment	
Current Employer:	
Address (Street, City, State, Zip Code)	
Telephone Number:	Job Title:
Dates of Employment:	

Student Resume

Please complete the following information. This information may be typed on a separate sheet of paper and submitted with this application if additional space is needed. Please list the following: extracurricular activities (clubs and sports); honors/awards; leadership roles; community services/volunteer work; and hobbies.

Essay

Please write on the following essay subject. Your essay should be one hundred fifty (150) words minimum and should not exceed five hundred (500) words. Your essay should be double-spaced. Use 12-point Times New Roman font, with left, right, top and bottom margins set at one inch (1"). Be sure to check essay for grammar and spelling.

Essay: Imagine The Possible Through Higher Education

Belmont Avenue Baptist Church

John and Evelyn Friar Memorial Scholarship Fund

Recommendation Form

Applicants for this scholarship are required to submit two recommendation forms. This recommendation form is to be completed by a teacher, professor, guidance counselor, or school administrator **ONLY**.

To the Nominator: The completed form **MUST** be returned to the applicant to be submitted along with the application materials that **MUST be received no later than Monday, June 24, 2024, by 8 PM.**

To be completed by the applicant

Applicant's Name _____ Date _____

I waive my right to see this document after it has been completed. Yes _____ No _____

To be completed by the recommender

Please complete sections 1 through 4. Section 5 is optional.

Name _____ Job Title _____

Address _____

Street _____ City _____ State _____ Zip _____

E-Mail _____ Telephone _____

1. I have known the applicant: Relationship to applicant: _____
- ___ Less than 1 year _____
- ___ 1 to 2 years _____
- ___ More than 2 years _____

2. Rate the applicant's overall leadership ability:
- ___ Top 10% ___ Top 25% ___ Top 50% ___ Unable to Judge
- (Outstanding) (Above Average) (Average)

3. Rate the applicant's overall community involvement:
- ___ Top 10% ___ Top 25% ___ Top 50% ___ Unable to Judge
- (Outstanding) (Above Average) (Average)

4. Rate the applicant on the personal characteristics listed below:

	Outstanding	Above Average	Average	Below Average	Not Observed
a. Perseverance					
b. Leadership Ability					
c. Ability to get along with others.					
d. Independent thinking					
e. Desire to obtain a degree.					
f. Other (please specify)					

5. Attach a letter that provides at least one specific reason why you feel the applicant should be considered for this award, including any special qualifications or abilities you consider important. Please be clear and concise in your evaluation.

Recommender's Signature _____

Date _____

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