APPLICANT NAME: _____

Official Use Only: Student ☐ Adult Learner ☐

COMPASSION COMMUNITY SCHOLARSHIP FOUNDATION

2020 Scholarship Information Packet

Scholarship Application

Completed scholarship applications must be return to:

Compassion Scholarship Committee
The Church of Christian Compassion
6121 Cedar Avenue
Philadelphia, PA 19143

High School Students

&

Adult Learners

Electronic Application Submission Deadline is Friday, June 26, 2020

Pastor W. Lonnie Herndon, Sr. Pastor

APPLICANT NAME: _____

Official Use Only: Student _ Adult Learner_

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Thank you for applying for the Compassion Community Scholarship.

The Compassion Community Scholarship Foundation is a new education initiative established to offer programs and scholarships to deserving high school students who will attend a four-year college or university and adult learners going back to school.

Finding and applying for scholarships to pay for college is important, and The Compassion Community Scholarship Foundation is here to help! If you are interested in applying for a scholarship, please review and complete the application. The deadline to submit the application for consideration is on ***Friday, June 26, 2020*** (no exceptions). Applications submitted after the deadline will not be accepted. All applications should be submitted to the attention of the Compassion Community Scholarship Foundation at info@compassion-ministries.com.

Again, thank you for your application. The Church of Christian Compassion, along with the Community Scholarship committee, is wishing you the best as you go forward on your educational journey.

The Compassion Community Scholarship Committee

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ELIGIBILTY REQUIREMENTS

- Active participation and/or involvement in a church ministry, worship service, bible study, and/or youth activities.
- Demonstrated Spiritual Growth (completed essay).
- Consistent school attendance and active community participation.
- High School graduate from a public, charter, parochial, or private institution.
- Must have recent letter of acceptance into a 2 or 4-year accredited college or university.
- Must have completed at least 1 service project (i.e. Martin Luther King Day project or Great Family Gathering project).
- Previous recipients are ineligible to apply.
- Incomplete packets will be notified electronically, to resubmit within five (5) calendar days, from receipt of communication.

Essay should be between 500 - 1000 words

(Please type)

Your personal statement will be judged on its content and writing style. Please focus on the substance of your answer and your grammar. By way of the words of Thomas Jefferson, "The most valuable of all talents is that of never using two words when one will do."

High School Student Essay Topic:

Using the passage, "Don't let anyone think less of you because you are young. Be an example to all believers in what you say, in the way you live, in your love, your faith, and your purity" 1Timothy 4:12.

Answer the following questions:

- How can you use your education and your life to affect others, especially other youth?
- How will this scholarship help you with your future endeavors?

Adult Essay Topic:

Using the passage, "*For God has not given us a spirit of fear and timidity, but of power, love, and self-discipline"* 2 Timothy 1:7.

Answer the following question:

- As an adult learner, what encouraged you to continue your education and not be intimidated?
- How will this scholarship help you with your future endeavors?

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Questions or Concerns

Please contact the Scholarship Foundation Leader:

CompassionMinistryScholarship@gmail.com

COMPLETED APPLICATION CHECKLIST

"**Check Items as Applicable**"

☐ Official College Acceptance letter and Enrollment Date

☐ Christian Compassion Ministries Activities List with signature(s)

☐ Community & Leadership Involvement Form

☐ List of Honors and Awards (attach artifacts to document receipt of awards)

☐ Essay

☐ Passport size photo

APPLICANT NAME: _____

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SCHOLARSHIP APPLICATION

(Please Print Clearly)

Student Name: _____ Date of Birth _____

Parent/ Guardian Name: _____

Student's Church Membership Number: _____ Christian Compassion Membership Date: _____

Student Telephone: (H) _____ (C) _____

Parent/ Guardian Telephone: (H) _____ (C) _____

Student's Home Address: _____

City, State, Zip: _____

Student Email Address: _____

Parent/ Guardian Email Address: _____

Name, Address & Telephone Number of College/Institution Attending: _____

_____

_____

Intended Major/Field of Study: _____

Check as applicable: AA Degree ☐ BS Degree ☐ MS ☐ PhD ☐

_____ _____

Applicant Signature Date

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Certification: *I certify that the information provided on this application is complete and correct to the best of my knowledge. I further certify that if I am chosen as a scholarship recipient, I will use the funds only for expenses related to my education in an institution of higher learning in the United States.*

CHURCH OF CHRISTIAN COMPASSION MINISTRIES ACTIVITY LIST

Name of Ministry	Signature of Ministry Leader/ Department Head	Dates Involvement
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Note to ministry leader/department head:**
Your signature confirms the applicant has participated in the above activities.

APPLICANT NAME: _____

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COMMUNITY & LEADERSHIP INVOLVEMENT

Provide a list of school organizations/community activities and indicate if you held a leadership position

Name of Organization	Leadership Position(s)	Dates Involvement
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Note to Community Leader:**
Your signature confirms that this applicant has participated in the above activities.

APPLICANT NAME: _____

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LIST OF HONORS/AWARDS

I. Name of Honor/Award: _____

Presenter/Organization: _____

Date Received: _____

II. Name of Honor/Award: _____

Presenter/Organization: _____

Date Received: _____

III. Name of Honor/Award: _____

Presenter/Organization: _____

Date Received: _____

IV. Name of Honor/Award: _____

Presenter/Organization: _____

Date Received: _____

V. Name of Honor/Award: _____

Presenter/Organization: _____

Date Received: _____

Please send proof of your honors/awards to:
info@compassion-ministries.com

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Thank You for Applying for the

Compassion Community Scholarship