



## 2021 SCHOLARSHIP APPLICATION FORM

Please print or type

Deadline: Applications must be received by **June 6, 2021**

### APPLICANT DATA

Name: \_\_\_\_\_  
First Middle Initial Last

Permanent Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Parent or Guardian Contact Information:

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email address \_\_\_\_\_

### CURRENT SCHOOL DATA

School Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

School Address: \_\_\_\_\_  
Street City State Zip Code

Anticipated Graduation Date: \_\_\_\_\_

### POST SECONDARY PLANS (name of college, vocation/trade school, etc. you plan to attend)

School Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

School Address: \_\_\_\_\_  
Street City State Zip Code

Anticipated Graduation Date: \_\_\_\_\_

4-Year College/University: Yes No (circle one)

Intended Major or Field of Study: \_\_\_\_\_

Anticipated Degree: \_\_\_\_\_

List all the school, church, and community activities you have participated in during the past four years. If you need more space, you can attach a separate sheet of paper, using the format below, and including your full name.

**Activities,  
Awards &  
Honors:**[illegible]

**\*\*If you are a graduating senior, are you an active participant in a ministry at Omega Baptist Church?**

Yes ☐ No ☐

If yes, please list: \_\_\_\_\_

**Work Experience:**  
(past four years)

Employer	Position	Start Date (mo/yr)	End Date (mo/yr)

### TRANSCRIPT INFORMATION

This section to be completed by school counselor

Cumulative GPA: \_\_\_\_\_

Applicant Ranks \_\_\_\_\_ in a class of \_\_\_\_\_ Check here if school does not rank \_\_\_\_\_

Counselor's or Advisor Information:

\_\_\_\_\_  
Name Title ( ) Phone

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Essay

Applicant must include an essay describing their academic, professional and spiritual aspirations. Essay must be a minimum of 350 words. Please email [omegacappministry@gmail.com](mailto:omegacappministry@gmail.com) or attach your essay

### Certification

I certify that I meet the requirements as stated on the information page and the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of the information that I have provided on this application. Falsification of information may result in termination of any scholarships or stipends granted.

Signature and Date:

\_\_\_\_\_

# SCHOLARSHIP APPLICATION INSTRUCTIONS

College Students, if you were awarded **within the last 2 yrs., you may not apply.**

Applications must be turned into the church office by **Sunday, June 6, 2021**. Late and/or incomplete applications will not be accepted.

**(You must be a 2021 graduating high school Senior or a college student enrolled and have applied and have received acceptance for college, vocational/trade school)**

\*\*\*College level students are encouraged to apply. College applications will be considered after review of all submitted high school graduate applications. (must not have received the CAPP Scholarship within the past 2yrs.)

Make sure you have included:

- Completed application
- Official Transcript with seal (not a copy)
- Letter of Reference from current teacher, counselor
- Essay

\*\*Questions/Concerns: contact Pam Wilson or Denise Ivery, CAPP Ministry Leaders  
Email: [OMEGACAPPMINISTRY@GMAIL.COM](mailto:OMEGACAPPMINISTRY@GMAIL.COM)