



Macedonia Baptist Church

Scholarship Ministry
1700 E. Linwood Blvd.
Kansas City, Missouri 64109
(816) 241-1431
John L. Brooks, M.Div., Pastor

High School or College Graduate

Please check all that apply:

- Graduate Profile (Both)
 Scholarship Application (High School)
 Book Scholarship Application (College)

Date: _____

Name: _____ Phone Numbers: (H) _____ (C) _____

Address: _____ City/State/Zip: _____

Email Address: _____

Parents/Guardian Name: _____

High School, University or College: _____

Degree Received (University or College): _____

Church Activities: _____

Academic Achievement/Honors/School Activities: _____

Community Involvement: _____

Goals: _____

Favorite Scripture: _____

Please feel free to attach an additional sheet for any of the information items above

Scholarship Applicant or Book Scholarship Applicant Requirements:

- Must be an active member of the Macedonia Baptist Church – **Both**
- Must have a 2. cumulative grade point average. (Copy of most recent transcript or report card) – **Both**
- Must be actively involved in Teen Ministry at Macedonia Baptist Church – **Scholarship Applicant** (may also be involved in other MBC ministries)
- Must be a recent high school graduate – **Scholarship Applicant**
- Must have been accepted **and** enrolled into an institution of higher learning – **Scholarship Applicant** (full-time student status is required)
- Must be a sophomore, junior, or senior in college – **Book Scholarship Applicant** (full-time student status is required)
- Must be able to provide proof of enrollment and registration – **Both**
- Must be actively pursuing other scholarship funding (outside of Macedonia Baptist Church) – **Both**
- Must be willing to volunteer 10 hours of time to an assigned church ministry (within one year of receiving the book scholarship award) – You will be asked to sign a ministry agreement – **Both**

High School

Name: _____

City: _____

State: _____ Class of: _____

Undergraduate Institution

Name: _____

City: _____

State/Zip: _____

Start date: _____

Year: _____ Major: _____

GPA: ____/4.0 (required: copy of most recent transcript or report card)

Signature of Applicant: _____

(required)

Signature of Parent/Guardian: _____

(required for high school graduates)

Signature of Youth Pastor: _____

(required for high school graduates)

Photo: Please return the completed form **along with an individual photo** to the church office. Your photo will be returned to you. Optional: You may submit this form and your photo via email to scholarship@macedonia-kcmo.org.

Disclaimer: *By signing this application, you are indicating that you will only use the money awarded from the scholarship fund of Macedonia Baptist Church, Kansas City, Missouri to further benefit your education. If for some reason you decide not to attend college at this time, funds must be returned to Macedonia Baptist Church. **Scholarship Applicant:** You are also indicating that you have been an active member of the Macedonia Baptist Church Youth Ministry.*