



## THE FOUNTAIN OF NEW LIFE

### COMMUNITY SCHOLARSHIP

2010

Mission Statement

The mission of The Fountain of New Life Community Scholarship is to provide two \$1000 scholarships for graduating high school seniors of African descent (e.g. Black/African-American, Black West Indian, etc.) who pursue post-secondary education and demonstrate financial need.

Recipients of this scholarship must meet the following criteria:

1. Graduate from high school
2. Earn a minimum cumulative weighted G.P.A. of 3.2
3. Achieve a minimum ACT score of 21 or SAT score of 1000 (combined Verbal and Math)
4. Perform Community Service

HOW TO APPLY

- ❖ Applications may be obtained from your high school CAP/BRACE Advisor, from the church website at [www.Fountainministries.net](http://www.Fountainministries.net) or by calling the church office at (954) 447-6858.
- ❖ **The application deadline for *The Fountain of New Life Community Scholarship* is *Friday March 5, 2010*. All applications must be received by the deadline. Applications that arrive late will not be accepted.**
- ❖ Application packets must include all of the following:
  - ❑ A completed application.
  - ❑ One letter of recommendation (from a teacher, counselor or administrator).
  - ❑ An official copy of your high school transcript (2<sup>nd</sup> quarter, 1<sup>st</sup> semester or most recent)
  - ❑ An official copy of SAT or ACT scores.
  - ❑ The Biographical Sketch Form.
  - ❑ A 500 word, typed essay addressing how your community service has impacted you and your community.
  - ❑ A letter to verify community service (from the individual responsible for supervising your service). The letter should include: type of community service performed, number of volunteer hours and the impact of your volunteerism on the agency or organization.
  - ❑ A wallet-size graduation photograph (*Your photograph will be returned if you include a self-addressed stamped envelope*).

**NOTE:** In order to receive scholarship funds, you must be enrolled in a college/university or technical school.



## THE FOUNTAIN OF NEW LIFE COMMUNITY SCHOLARSHIP

*Please Print or Type*

Full Legal Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent(s) Guardian(s) Name(s) \_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Last First Middle

Permanent Address \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Home Telephone

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

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

High School \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

What college/university do you plan to attend? \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_



## THE FOUNTAIN OF NEW LIFE COMMUNITY SCHOLARSHIP

**This section must be completed by a parent or guardian.**

The Fountain of New Life Community Scholarships are based, in part, on financial need. Please complete the following section regarding income and assets. If divorced or separated, please provide information for the guardian/parent with whom the student resided most during the last twelve months.

Parent(s) Name(s) \_\_\_\_\_

Occupation of Father \_\_\_\_\_

Occupation of Mother \_\_\_\_\_

Marital Status \_\_\_\_\_

Number of Persons Living in Household \_\_\_\_\_

Number of Persons currently enrolled in college \_\_\_\_\_

### From IRS Forms 1040, 1040A, or 1040EZ

Parent's Adjusted Gross Income \$ \_\_\_\_\_

Number of Exemptions claimed \_\_\_\_\_

*The information on this form is true and complete to the best of my/our knowledge. If required, I/We agree to provide documentation of this information. I/We realize that this documentation may include a copy of my/our U.S. federal, state, or local tax returns. I/We also realize that if this documentation is not provided, the student may be deemed ineligible for this scholarship.*

Signatures:

Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_



## THE FOUNTAIN OF NEW LIFE COMMUNITY SCHOLARSHIP

This section must be completed by a school administrator.

Student's Name \_\_\_\_\_

High School \_\_\_\_\_

Weighted GPA \_\_\_\_\_ SAT Scores \_\_\_\_\_ ACT Scores \_\_\_\_\_

Administrator's Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

To receive scholarship funds, you must be enrolled in a college or vocational/technical school.

ALL applications must be **RECEIVED** by **Friday, March 5, 2010**.

*Applications that arrive late will not be accepted.*

Completed application packets should be delivered to:

The Fountain of New Life Scholarship Ministry  
4601 NW 167<sup>th</sup> Street  
Miami Gardens, Florida 33055

***Semi-finalists for this scholarship will be notified in writing no later than March 10, 2010.  
Interviews will be conducted on March 20th and 21st, 2010***



**THE FOUNTAIN OF NEW LIFE  
COMMUNITY SCHOLARSHIP  
BIOGRAPHICAL SKETCH FORM**

NAME \_\_\_\_\_

AGE \_\_\_\_\_

NAME OF HIGH SCHOOL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

PARENT/GUARDIAN'S NAME (S) \_\_\_\_\_

\_\_\_\_\_

COLLEGE YOU PLAN TO ATTEND \_\_\_\_\_

INTENDED MAJOR \_\_\_\_\_

LIST EXTRA CURRICULAR ACTIVITIES IN WHICH YOU ARE ACTIVE:

LIST ANY HONORS/AWARDS RECEIVED:

THE  
FOUNTAIN  
*Wayne Lomax, Senior Pastor*