



## Enon Scholarship Ministry

### Application for Disbursement of Stipend / Care Package Instructions

Please read the instructions prior to completing the form

**Submission Period: January 7, 2012 through February 12, 2012**

**Deadline: Postmarked by midnight Sunday, February 12, 2012**

Part of the mission of the ETBC Scholarship Ministry is to help our college students in their pursuit for higher education. This application is for the disbursement of (1) scholarship awards announced at the annual Student Graduate Recognition Program held in June, (2) provide a \$200.00 stipend gift to every qualified Enon undergraduate students, and/or (3) to send all of our undergraduate students a care package during the week of final exams. All checks are made payable to the student only – there are no exceptions.

**To be eligible you must provide acceptable college enrollment verification with a completed Scholarship / Stipend / Care Package application and meet respective criteria listed below:**

(Check the appropriate box indicating which documentation is accompanying this application)

- Class roster indicating number of credit hours for semester *combined with* a receipt showing a tuition payment has been applied / paid for current semester.
- Letter on Official School Letterhead signed by a representative from the Offices of the Registrar, Bursar, Office of the Dean or Student Accounts stating student is a current full-time student and attending classes.

**NOTE:** Failure to provide the required enrollment verification may result in delay or denial of stipend payment.

#### **Enon Scholarship:**

1. Scholarship recipients were announced at the annual Student Graduate Recognition program and received written notification from the Scholarship committee of their award.

#### **Stipend:**

1. College students who have been members of Enon for at least one year prior to the date of the stipend application. You must provide your membership date on the application.
2. Students must be attending an accredited institution of higher education on a full time basis (12 or more semester hours and/or institutional approved clock hours).
3. Student must be working towards their first undergraduate college degree. (The stipend is *not* available to students pursuing a graduate or professional degree.)
4. Applicant must be within six years of their high school graduation/GED date.

### **Care Package:**

1. Students must be attending an accredited institution of higher education on a full time basis (12 or more semester hours and/or institutional approved clock hours).
2. Student must be working towards their first undergraduate college degree. (The care package is not available to students pursuing a graduate or professional degree.)
3. Applicant must be within six years of their high school graduation/GED date.

**Application Receipt Notification:** An email will be sent to the student, from the scholarship ministry, (1) if your application obtains “incomplete status and/or (2) informing you when your stipend check has been approved for mailing.

**Stipend Processing:** There is approximately a 2-3 week period from the time your application is received by the scholarship ministry until the time it is mailed. This timeline can be delayed by (1) incomplete application, (2) incomplete mailing address on the application form, or (3) lack of or incorrect enrollment verification documentation. Be sure to review your application for completeness and accuracy before mailing.

### **Submission of Application:**

1. Mail your completed application with documentation, post-marked by midnight October 9, 2011 to:  
  
Lisa Corbin c/o Scholarship Ministry  
Enon Tabernacle Baptist Church  
2800 Cheltenham Avenue  
Philadelphia, PA 19150-1200
2. Deposit in Enon Scholarship Drop Box located at security desk at Enon East by 12:00 pm on October 9, 2011.
3. Fax your completed application and documentation to 215-276-7244 (the church office) by Friday, February 12, 2012.

**Scholarship Ministry Contact:** If you have any questions/concerns, please contact the scholarship ministry:

1. Email: [Scholarship@enontab.org](mailto:Scholarship@enontab.org)
2. Telephone: (215) 276-7200 Ext: 3737

**NOTE:**

*Scholarships / Stipends / Care Packages are awarded to Full Time Students only.  
A complete application with documentation must be submitted for disbursement of funds.*

**Reminder**

Completed  
Applications  
Will be  
Accepted

January 7 – February 12

Please Print Clearly



Enon Tabernacle Baptist Church  
2800 W. Cheltenham Avenue  
Philadelphia, PA 19150

Rev. Dr. Alyn E. Waller,  
Senior Pastor

**Scholarship Ministry  
Spring 2012**

**Application for Disbursement of Scholarship / Stipend / Care Package**

All applicants must be full-time undergraduate college students with a minimum of one year Enon church membership

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
*Last First MI*

Enon Membership Date: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (MM/DD/YY)  
(Date of Baptism/Right-hand Fellowship)

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

Email Address: \_\_\_\_\_

College Major: \_\_\_\_\_ High School Graduation Date: \_\_\_\_\_ (MM/YY)

Current Level:  Freshman  Sophomore  Junior  Senior  Five year program (declared as freshman)

**HOME ADDRESS:** (Provide your complete home Mailing Address)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**COLLEGE:**

Provide your complete School/Campus Mailing Address. (Identify where your personal mail is sent.)

\_\_\_\_\_  
(Please Print Clearly)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

On Campus Housing: \_\_\_\_\_ Off Campus Housing : \_\_\_\_\_ Last day of Semester: \_\_\_\_\_

**PREFERRED MAILING LOCATION** (Check the appropriate location)

Scholarship Check	<input type="checkbox"/> Home Address	<input type="checkbox"/> School Address	<input type="checkbox"/> Other _____
Stipend Check	<input type="checkbox"/> Home Address	<input type="checkbox"/> School Address	<input type="checkbox"/> Other _____
Care Package	<input type="checkbox"/> Home Address	<input type="checkbox"/> School Address	<input type="checkbox"/> Other _____

For use of Scholarship Ministry only: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Request for additional information:

Ministry Members Signature: \_\_\_\_\_ Date \_\_\_\_\_