

Florida State Primitive Baptist Education Foundation, Inc.

a ministry of the

Florida State Primitive Baptist Convention, Inc.

Allen-Bartley-Frazier Scholarship Application - 2024

PART I - PERSONAL DATA

Ms.
Name: Mr. _____ Telephones: H _____ C _____

Address _____
Street City State Zip Code

E-Mail Address _____ District _____

Church Home _____ Pastor/Clerk Signature _____

Name of Parent(s)/Guardian(s) _____ Telephone _____

Volunteer Service Rendered _____ Number of Hours _____
(Must be verified by signed School Volunteer Service Record)

Briefly describe how and why your community service is valuable to you (Use additional sheet if necessary.)

Have you been awarded or will be awarded other scholarship/monetary awards? Yes ___ No ___ If yes, indicate name and amount (Use additional sheet if necessary)

_____ \$ _____
_____ \$ _____

PART II - EDUCATIONAL BACKGROUND

Are you a high school graduate? Yes ___ No ___ high school senior? Yes ___ No ___ Date of Graduation _____
Name of high school from which you graduated/will graduate _____
If you have a G.E.D., name the institution granting it: _____

SCHOOL VERIFICATION *(to be completed by an administrator at school)*

This is to certify that _____ will graduate ___/is a graduate or received a G.E.D. ___ from the school indicated above, with a _____ grade-point average (unweighted), which is equivalent to A ___, B ___ or C ___ grade. I hereby recommend this applicant for a scholarship award based upon his/her academic ability ___ and financial need ___.

Signed _____
Position _____

Name and city/state of the college/institution you will attend: _____
 _____ Major to Pursue _____
 When (date) will you enroll at this college/institution? _____ Is this your first enrollment in
 college? ___ Yes ___ No If No, explain _____

PART III – REFERENCES

Each reference must submit a letter (dated and signed with a blue or black pen; computer generated or stamped signatures are unacceptable)

- A. School** (must be on school letterhead and not a relative and a different person from the School Personnel on page 1)
- B. Character** (not a relative and a different person from above and page 1--may be a person from the community, church, workplace, etc.)
- C. Organization** (Must be on organization letterhead, addressed to A-B-F Committee, include details of duties, hours served, signed and dated)

I understand that to be considered for this scholarship, the entire application must be completed and submitted with a copy of my **most recent transcript with the school stamp**, a current resume, essay, signed school letter or form verifying community service, and required letters of reference. **I have read and understand the Scholarship Guidelines for 2024.**

Verification of enrollment of at least 12 hours and receipt showing fees paid to college or other institution after classes begin must be submitted before funds will be disbursed. (Registration schedule before classes begin is NOT acceptable). Verification documents may be emailed to the Scholarship Chair, Mrs. Cherry Alexander, cherry-alexander@comcast.net.

Awardees MUST attend the Awards Presentation during the District’s Church School Convention or Education Banquet. FAILURE TO ATTEND WILL FORFEIT THE AWARD.

Print Applicant Name _____ Applicant’s Written Signature _____ Date _____

Application, Transcript, Essay, Resume, References, and Volunteer Service Information **must be postmarked on or before March 15**. Applications received with a postmark after **March 15 will not be considered**.

Mail to: Mrs. Cherry Alexander – 2606 Pottsdamer Street – Tallahassee, FL 32310