

# *Grace Baptist Church*

*One Grace Plaza*

*52 South Sixth Avenue Mount Vernon, New York 10550*

**Rev. Dr. W. Franklyn Richardson, Senior Pastor**

## **CRITERIA FOR MOCCA SCHOLARS**

**High school seniors: Application deadline is February 21.**

### ***Initial Applicants MUST:***

- Be a high school senior or recent graduate not out of high school more than two years
- Submit applications signed by the applicant's Grace Baptist Church Ministry Leader or service project advisor and submitted to MOCCA by the **deadline: February 21.**

### ***Initial Recipients MUST:***

- Attend the College 101 Workshop and at least one of the other workshops presented for MOCCA Scholars
- Participate in at least two MOCCA Scholar service activities between March and June
- Attend the Annual MOCCA Sunday Breakfast and Service or submit in writing at least one week prior to the service a reason for NOT attending. Reasons for not attending will be reviewed before award letters are distributed to the absentees.
- Submit official documentation that they are enrolled as full-time students
- Submit their college contact information including mailing and e-mail addresses and mobile phone numbers NO LATER THAN OCTOBER 1.

Scholarships are awarded for a maximum of four consecutive years for a Bachelors Degree and two consecutive years for an Associates Degree. MOCCA Scholars enrolled in five-year programs will receive awards for their fifth year upon the Ministry's receipt of documentation from their colleges.

### ***Continuing Applicants MUST:***

- Have received a scholarship for no more than three years (or four if in documented five-year undergraduate program)
- Submit complete application by the **deadline: June 21.**

### ***Continuing Recipients MUST:***

- Attend the Annual MOCCA Sunday Breakfast and Service or submit in writing at least one week prior to the service a reason for NOT attending. Reasons for not attending will be reviewed before award letters are distributed to the absentees.
- Submit official documentation that they are enrolled as full-time under-graduate students in good standing

Submit their college contact information including mailing and e-mail addresses and mobile phone numbers NO LATER THAN OCTOBER 1.

# Grace Baptist Church

One Grace Plaza

52 South Sixth Avenue Mount Vernon, New York 10550

Rev. Dr. W. Franklyn Richardson, Senior Pastor

Rev. Dr. Pricilla Hambrick-Dixon, Associate Pastor for Children and Youth Ministries

## Ministry Of College and Career Alliance **MOCCA Application/Registration for High School Seniors**

MUST BE SUBMITTED BY \_\_\_\_\_ RECEIVED \_\_\_\_\_  
(Date) (Date)

### PERSONAL INFORMATION

\* SCHOLARSHIP AWARD ELIGIBILITY WILL BE BASED ON ACTIVE PARTICIPATION IN CHURCH MINISTRIES AND/OR CHURCH-SPONSORED COMMUNITY SERVICE ACTIVITIES.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_

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

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Cellular Telephone: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of High School/City & State: \_\_\_\_\_ Expected Date of Graduation \_\_\_\_\_

Are you a member of Grace Baptist Church? (Circle one.) Yes No

If No, are you a member of another church? (Circle one.) Yes No If Yes, please provide the following:

Church Name \_\_\_\_\_ City & State \_\_\_\_\_

I ACTIVELY PARTICIPATE IN THE FOLLOWING MINISTRIES AT GRACE BAPTIST CHURCH AND/OR HAVE PARTICIPATED IN THE FOLLOWING COMMUNITY SERVICE PROJECTS/ PROGRAMS OF GRACE BAPTIST CHURCH:

(List the Ministries and/or activities and the names of the leader in each.):

Ministry \_\_\_\_\_ Leader \_\_\_\_\_

Ministry \_\_\_\_\_ Leader \_\_\_\_\_

Program \_\_\_\_\_ Leader \_\_\_\_\_

Program \_\_\_\_\_ Leader \_\_\_\_\_

(You may add other activities at the end of the application.)

Do you plan to pursue higher education in September 2011? (Circle one.) Yes No

Please indicate the names of colleges or schools to which you have applied and indicate whether you have been accepted. You will be asked to provide information about your final decision by June 1.

Institution \_\_\_\_\_ City & State \_\_\_\_\_ Accepted? \_\_\_\_\_

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Institution \_\_\_\_\_ City & State \_\_\_\_\_ Accepted? \_\_\_\_\_

Institution \_\_\_\_\_ City & State \_\_\_\_\_ Accepted? \_\_\_\_\_

(You may add other schools at the end of the application.)

### PARENT OR GUARDIAN INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First)

Home Address/City/State/Zip: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Cellular Telephone: (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_ Member(s) of Grace Baptist Church? (Circle one.) Yes No

If Yes, in which ministry(ies) does he or she (or do they) actively participate? \_\_\_\_\_

**STUDENT/APPLICANT please use this space to record YOUR PARTICIPATION IN ADDITIONAL GRACE BAPTIST MINISTRIES AND/OR SERVICE ACTIVITIES.**

Ministry/Program \_\_\_\_\_ Leader \_\_\_\_\_  
Ministry/Program \_\_\_\_\_ Leader \_\_\_\_\_  
Ministry/Program \_\_\_\_\_ Leader \_\_\_\_\_

**STUDENT/APPLICANT please use this space to record ADDITIONAL COLLEGES/SCHOOLS TO WHICH YOU HAVE APPLIED FOR ADMISSION.**

Institution \_\_\_\_\_ City & State \_\_\_\_\_ Accepted? \_\_\_\_\_  
Institution \_\_\_\_\_ City & State \_\_\_\_\_ Accepted? \_\_\_\_\_  
Institution \_\_\_\_\_ City & State \_\_\_\_\_ Accepted? \_\_\_\_\_  
Institution \_\_\_\_\_ City & State \_\_\_\_\_ Accepted? \_\_\_\_\_  
Institution \_\_\_\_\_ City & State \_\_\_\_\_ Accepted? \_\_\_\_\_

**This section must be completed by a Grace Baptist Church Ministry Leader or Service Project Advisor.**

**REQUIRED SIGNATURE OF GRACE BAPTIST CHURCH ADVISOR** (Your application must be signed by a leader of one of the Ministries and/or service projects/programs in which you have participated.)

\_\_\_\_\_  
Signature of Ministry or Grace Baptist Service Program Leader

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Grace Baptist Church Ministry/Program

\_\_\_\_\_  
Date(s) or Length of Applicant's Involvement

