

Grace Baptist Church

One Grace Plaza

52 South Sixth Avenue Mount Vernon, New York 10550
Rev. Dr. W. Franklyn Richardson, Senior Pastor

Ministry Of College and Career Alliance MOCCA Application/ MOCCA Continuing Scholar

April, 2011

Dear MOCCA Continuing Scholar:

We are so proud of your accomplishments during the past academic year! We hope that your MOCCA Book Scholarship has assisted you in reaching for your educational goals and that our efforts to stay in contact with you have assured you that your church at home cares about you.

In order to renew your Book Scholarship for the academic year beginning in September 2011, you will need to complete the attached Continuing Scholar application and return it to the MOCCA committee no later than June 21, 2011.

This application form has a few changes you should note:

1. For all telephone numbers, please indicate whether they are a home or mobile numbers.
2. Please provide your school address, as of the Fall 2011, so we may send your scholarship directly to you.
3. The MOCCA Committee strongly encourages your continued participation in Community Service activities while you are at school, but we are mindful that college can be very demanding. With that in mind, we encourage you to tell us about your job, if you are employed, and about the activities in which you have been involved. We are interested to know if you have participated in, for example, a car wash with proceeds going to a homeless shelter, a canned food drive for a food pantry, a blood drive, etc.
4. The MOCCA Committee also encourages the pursuit of excellence in other arenas. If you hold any positions or offices in college or other organizations, please feel free to share them with us. If you write for the school newspaper, or acted in a theatre production, for example, we would love to hear about it. Similarly, if you have received any honors or awards, please let us know. We would be proud to announce your accomplishments to the congregation. These two sections are optional.
5. Please submit your application to us by mail, to the address above, or by e-mail, to MOCCA at c/o MOCCA Ministry Leader, Dr. Charlotte Y. Phoenix at chachadrp@aol.com.

If you need additional space to complete any section, feel free to continue on the back of the application form. If, at the time you submit your application, you do not know your address for the Fall, please use the address update form attached to this letter once you have the new address.

We look forward to seeing you at the MOCCA Breakfast in July!

Sincerely,
MOCCA Committee

Dr. Charlotte Y. Phoenix, Chairperson

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Ministry Of College and Career Alliance **MOCCA Application/ MOCCA Continuing Scholar** **APPLICATION FOR CONTINUING SCHOLARS - 2011**

MUST BE SUBMITTED BY JUNE 21, 2011

RECEIVED BY: _____ Date:

Name:

CONTACT INFORMATION

Name: _____ Gender: M ___ F ___ (circle one)
Last First Middle

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ (H or Mob. ___) E-mail Address: _____



College Address (as of 9/2011): _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ (H or Mob. ___) E-mail Address: _____



Summer Address : Home ___ College ___ Other ___ (circle one)

If Other, provide address here: _____

_____ E-mail Address (if different) : _____

EDUCATION AND ACTIVITIES INFORMATION

College/University you attend: _____ City/State: _____

HS Graduation date: _____ College Class (as of 9/2011) So. ___ Jr. ___ Sr. ___ (circle one)

Are you employed?: Yes ___ No ___ Type of Job/Hours worked per week: _____

Community Service Activities while at school: _____

Campus Activities, Positions or Offices held: (optional) _____

School Honors/Awards received (optional): _____

Involvement In GBC Ministries, Programs, Activities (while at home) _____

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APPLICATION FOR CONTINUING SCHOLARS – 2011

COLLEGE ADDRESS UPDATE FORM

Name: _____ Gender: M ___ F ___ (circle one)
Last First Middle

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ (H ___ Mob. ___) E-mail Address: _____



College Address (as of 9/2011): _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ (H or Mob. ___) E-mail Address: _____

PLEASE MAIL/FAX TO THE ADDRESS ABOVE
OR E-MAIL TO MOCCA Ministry
c/o Ministry Leader, Dr. Charlotte Y. Phoenix: chachadrp@aol.com

