P.O. BOX 1608 277 Madison Avenue Perth Amboy, New Jersey 08862

2018 - 2019 Educare Ministry

SCHOLARSHIP APPLICATION INSTRUCTIONS

Please check appropriate	box: Full Time _	_ Part Time	<u>, </u>
☐ High School Student	$\Box Undergraduate$	Student DG	raduate Student

The Educare Ministry at Cathedral International is pleased to announce the availability of scholarships for the year 2018-2019. The scholarships are awarded to those seeking **FIRST TIME ASSOCIATE**, **BACCALAUREATE or GRADUATE DEGREES** who have a 3.0 GPA or higher, are members of Cathedral International, show a commitment to God, participate in ministry in and outside of Cathedral International, and community service.

A limited number of scholarships will be awarded to selected applicants in the amount of \$1000.00 for full-time students and \$500 for part-time students. They will be based on the following criteria:

- 1. The student must be an **ACTIVE** member of Cathedral International.
- 2. Be active in a Cathedral International Ministry, and have verification form completed by the Ministry Head for that specific ministry. In cases where he/she is away at college an **additional** essay on the history of their service and participation in ministry at Cathedral International will be **required**.
- 3. Proof of Community Service.
- 4. The student must complete a **typed** essay based on the following topic: "Our five-fold mission is to Evangelize, Educate, Emancipate, Empower and Expand in the name of the Lord Jesus Christ through Loving, Lifting and Liberating humanity. Please describe in specific ways how this mission has come alive in and impacted your life. Also, how will you serve this mission into your future?"
- 5. Student must have at least a **3.0 GPA** and submit an **OFFICIAL** transcript (with a raised seal) directly from the high school or college/university he/she attends. The transcript must be postmarked by the application deadline. The transcript **DOES NOT** have to accompany the application.
- 6. Student must complete the attached **NJ W9 Form** to facilitate mailing of the check by the Cathedral Finance Department when you are awarded the Educare Scholarship award. The funds must be used for education purposes.
- 7. Incomplete applications will **NOT** be accepted. Do NOT email your applications to Educare.

Upon completion of the application, students should place it in an envelope and mail it to the following address:

Cathedral International Educare Ministry P.O. Box 1608 Perth Amboy, NJ 08862

ONLY APPLICATIONS SENT VIA US MAIL WILL BE CONSIDERED. ALL APPLICATIONS MUST BE POSTMARKED BY JUNE 23, 2018.

Contact Info:

www.cathedralinternational.org educare.thecathedral@gmail.com 732.826.5293

CATHEDRAL INTERNATIONAL

P.O. BOX 1608 Perth Amboy, New Jersey 08862

APPLICATION SUBMISSION CHECKLIST

Please note that your application packet is considered complete if ALL of the following

tems have	been si	ubmitted and postmarked by JUNE 23, 2018.	
		Scholarship Application	
		Official School Transcript reflecting 3.0 GPA or higher	
		Typed Essay: "Our five-fold mission is to Evangelize, Educate, Emancipate, Empower and Expand in the name of the Lord Jesu Christ through Loving, Lifting and, Liberating humanity. Please describe in specific ways how this mission has come alive in and impacted your life. Also, how will you serve this mission into you future?" (No less than 500 words)	e
		Cathedral Service Evaluation Form	
		Community Service Evaluation Form	
		Out of State Students: Essay, "My History of Service and Participation in Ministry at Cathedral International" (less than 250 words)	(No

Please note that, for the 2018 - 2019 award year, Ministry participation or community service will be REQUIRED of ALL applicants. Acceptable forms of service include, but are not limited to, the following: mentoring, tutoring, assisting in a soup kitchen, volunteering in a nursing home, volunteering at the church while home on break, etc. All service must be documented, and it CANNOT be a service for which you are compensated (e.g., Work-Study, part-time job, etc.). If you have questions about fulfilling the service requirement for the 2018 - 2019 award year, or if you have questions as to whether your service is acceptable, please submit them in writing to the Educare Ministry or email them to educare.thecathedral@gmail.com

W9 Form: New Jersey W9 Form Attached

For Educare Mi ONLY	nistry Use
Date received: Initials:	



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2018 - 2019 SCHOLARSHIP APPLICATION

Name		
Home Address		
City/State/Zip Code		
Home Telephone # Cellular T	Telephone #	
Date of Birth	Male	Female
Email Address (1)	(2)	
Student Signature & Date		
Parent Information		
Parent (Guardian) Name		
Address		
Work Telephone # Hom	e Telephone #	
Parent/Guardian Signature		
Educational Information		
of Institution & Address (High School Seniors, plea pate attending)	se list the name of	your high school and the college yo

IDEA	LEASE NOTE: THE EDUCARE MINISTRY MUST BE NOTIFIED OF THE STUDEN' COLLEGE/UNIVERSITY CHOICE BEFORE MONIES ARE DISTRIBUTED TO	
	Check below to indicate what your enrollment status will be:	
	Full-time (at least 4 courses per semester: 12 credits)	
	Part-time (at least 1 course per semester)	
IV.	7. Church Membership & Ministry	
Are yo	re you currently a member of Cathedral International?	
If you	you are away in College, are you participating in Campus Ministry or attending a local church	ch?
Churci	hurch/Ministry Name:Length of time serving	
Pastor	astor/Campus Minister or Director:	
Are yo	re your parents members and tithers of Cathedral International?	
VI.	I. Essay	
	Must be typed, Times New Roman 12 pt. font, double spaced, and no less than 500 word	s on the topic:
	"Our five-fold mission is to Evangelize, Educate, Emancipate, Empower and Expan the Lord Jesus Christ through Loving, Lifting and Liberating humanity. Please deseways how this mission has come alive in and impacted your life. Also, how will you sinto your future?"	cribe in specific
	Attach the essay sheets to the application and place your name and social security n upper right hand corner of all attached pages.	umber in the

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Cathedral Service Verification Form

Student Name:								
Ministry Name:								
Ministry Head:								
Ministry/Church location	n:							
Please rank the student application.	by circling the	following a	reas and retu	rn this form t	o the student	t for submissi	ion with the schola	rship
	Excellent	Good	Average	Below Average	Poor			
Attitude	10	8	6	4	0			
Integrity	10	8	6	4	0			
Interpersonal Skills	10	8	6	4	0			
Level of Involvement	10	8	6	4	0			
Willingness to Serve	10	8	6	4	0			
Comments:								
Ministry Head Signature	::							

NOTE: For those away in college, the following Community Service form should be completed by the Campus Ministry Director, Local Pastor or a community representative where you are serving and attending.

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Community Service Evaluation Form

Student Volunteer Name Organization Name:							-
Program Director/Manag							
Address:							
Telephone:							
Non-Profit	-		Fo	or-Profit			
Please describe the r	nature of the	community	y service a	and the role	e that you	provided: _	
							_
Approximate # of hours	served:						
Program Director : Plea with the scholarship appl		lunteer by ci	rcling the fol	llowing areas	and return thi	is form to the	student for submission
	Excellent	Good	Average	Below Average	Poor		
Attitude	10	8	6	4	0		
Integrity	10	8	6	4	0		
Interpersonal Skills	10	8	6	4	0		
Level of Involvement	10	8	6	4	0		
Willingness to Serve	10	8	6	4	0		
Program Director's Com	ments:						_
Program Director's Signa	ature:						_

PLEASE RETURN THIS APPLICATION VIA US MAIL ONLY TO THE FOLLOWING ADDRESS:

Cathedral International P.O. Box 1608 Perth Amboy, NJ 08862 ATTN: Educare Ministry

Applications must be postmarked by June 23, 2018

REMEMBER!

The transcript MUST be an official school document and must be forwarded to the Educare Ministry either directly from the school OR in a sealed envelope with the application postmarked by JUNE 23, 2018. If your school will be mailing transcripts to us directly, please inform your school that your transcripts MUST be received no later than June 8th in order to be considered for the scholarship.

Also, the **New Jersey W9 Form** must be completed and signed. You ONLY need to complete **Part 1** of the form. Please ensure that your address is accurate and complete because that is where the scholarship check will be mailed.

NOTE: All funds must be used for educational purposes.

STATE OF NEW JERSEY W-9/QUESTIONNAIRE

THE STATE OF NEW JERSEY REQUIRES THE FOLLOWING INFORMATION TO ESTABLISH YOUR NAME, ADDRESS AND TAXPAYER ID ON STATE RECORDS. THE INFORMATION IS USED TO POPULATE AND MAINTAIN THE STATE'S VENDOR/PAYEE FILE AND MUST BE COMPLETED BEFORE PAYMENTS ARE MADE. IMPORTANT: YOU WILL NOT BE PAID BY THE STATE OF NEW JERSEY UNTIL THIS FORM IS COMPLETED, SIGNED AND Return completed form to: OMB VENDOR CONTROL RETURNED. FOR ADDITIONAL INFORMATION CALL (609) 633-8183 OR EMAIL: AAIUNIT@TREAS.STATE.NJ.US PO BOX 221 TRENTON, NJ 08625 or REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION PART I. FAX: (609) 984-5210 Name (as shown on your tax return): 1. Address line 1: Address line 2: City: State Zip: If the above contains preprinted data that is incorrect, cross it out and write the correct information immediately next to it. 4. Taxpayer Identification Number (TIN) Enter your TIN below and select the type of number listed. SOCIAL SECURITY NUMBER **EMPLOYER IDENTIFICATION NUMBER** 5. Certification: Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other US person as defined by the IRS. Certification Instructions: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreported interest or dividends on your tax return. For real estate transactions, item (2) does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an IRA, and generally payments other than interest or dividends, you are not required to sign the certification, but you must provide your correct TIN. Date Sign Signature Here PART II. VENDOR/PAYEE DATA: STATE OF NEW JERSEY VENDOR/PAYEE INFORMATION QUESTIONNAIRE Enter the code from the list below that best describes your primary business function: VENDORS VG=VENDORS WHO SELL OR MANUFACTURE GOODS **HC=HEALTHCARE SERVICES (NON STATE AGENCIES)** VS=VENDORS WHO RENDER SERVICE OR RECEIVE RENT PAYMENTS LG=LEGAL SERVICES CS=CONSTRUCTION VENDORS WHO RENDER SERVICES CG=CONSTRUCTION VENDORS WHO SELL OR MANUFACTURE GOODS **GOVERNMENT ENTITIES** SD=SCHOOL DISTRICT FA=FEDERAL AGENCY FD=FIRE DISTRICT AC=AUTHORITY/COMMISSION CF=CONFIDENTIAL FUND PC=PETTY CASH CM=COUNTY/MUNICIPALITY EP=NJ STATE EMPLOYEE SA=STATE AGENCY WB=WELFARE BOARD CU=STATE COLLEGE/UNIVERSITY OTHER VENDORS OT=OTHER VENDOR (PLEASE SPECIFY)_ Primary Contact Information (ALL FIELDS ARE REQUIRED): _Phone:_ Please check here if you are interested in receiving information about payments by direct deposit. IF YOU ARE A NJ STATE EMPLOYEE, NJ MANAGER OF A CONFIDENTIAL FUND OR PETTY CASH FUND, DO NOT ANSWER THE BALANCE OF THE QUESTIONAIRE. (1) What is the principle activity of your organization? M=MANUFACTURING H=HEALTH RELATED SERVICE C=CONSTRUCTION O=OTHER (PLEASE SPECIFY)___ S=SERVICE G=GOVERNMENT Enter the code from the list below that best describes your organization C=CORPORATION I=INDIVIDUAL P=PARTNERSHIP L= LIMITED LIABILITY COMPANY

IMPORTANT: ANSWER ALL QUESTIONS (PRINT CLEARLY OR TYPE)