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

2019 - 2020 Educare Ministry

SCHOLARSHIP APPLICATION INSTRUCTIONS

| Please check appropriate | box: Full Time _ | Part T | Гіте |
|--------------------------|----------------------|---------|-------------------|
| ☐ High School Student | \Box Undergraduate | Student | □Graduate Student |

The Educare Ministry at Cathedral International is pleased to announce the availability of scholarships for the year 2019-2020. 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: "Choose one experience you have had as a member of Cathedral International and describe how that experience has impacted you both as a Christian and a student".
- 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, 2019.

Contact Info:

 $\frac{www.cathedralinternational.org}{\underline{educare.thecathedral@gmail.com}\ 732.826.5293$

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 l | been s | ubmitted and postmarked by JUNE 23, 2019. |
|-------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | Scholarship Application |
| | | Official School Transcript reflecting 3.0 GPA or higher |
| | | Typed Essay: ""Choose one sermon or bible study you experienced at Cathedral International. How has what you heard in that experience been applied to your life as a student? How will you apply it to your future?" (No less than 500 words) |
| | | Cathedral Service Evaluation Form |
| | | Community Service Evaluation Form |
| | | Out of State Students: Essay, "My History of Service and Participation in Ministry at Cathedral International" |

Please note that, for the 2019 - 2020 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, parttime job, etc.). If you have questions about fulfilling the service requirement for the 2019 - 2020 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

(No less than 250 words)

| For Educare Mi ONLY | nistry Use |
|-----------------------------|------------|
| Date received: Initials: | |



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2019 – 2020 SCHOLARSHIP APPLICATION DEADLINE FOR POSTMARK: JUNE 23, 2019

| DEADLINE FOR PO | OSTMARK: JUNE 23, 2019 |
|-----------------------------------|---------------------------------------------------------------|
| Personal Information | |
| Name | |
| Home Address | |
| City/State/Zip Code | |
| Home Telephone # Ce | ellular Telephone # |
| Date of Birth | Male |
| Email Address (1) | (2) |
| Student Signature & Date | |
| Parent Information | |
| Parent (Guardian) Name | |
| Address | |
| Work Telephone # | Home Telephone # |
| Parent/Guardian Signature | |
| Educational Information | |
| college you anticipate attending) | ool Seniors, please list the name of your high school and the |
| | |

| LI | EASE NOTE: THE EDUCARE MINISTRY MUST BE NOTIFIED OF THE STUDENT'S FINAL COLLEGE/UNIVERSITY CHOICE BEFORE MONIES ARE DISTRIBUTED TO THE STUDENT. |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | 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) |
| V. | Church Membership & Ministry |
| | Are you currently a member of Cathedral International? |
| | If you are away in College, are you participating in Campus Ministry or attending a local church? |
| | Church/Ministry Name: Length of time serving |
| | Pastor/Campus Minister or Director: |
| | Are your parents members and tithers of Cathedral International? |
| / I . | Essay |
| | Must be typed, Times New Roman 12pt Font, Double Spaced, and no less than 500 words on the topic: |
| | "Choose one experience you have had as a member of Cathedral International and describe how that experience has impacted you both as a Christian and a student" |
| | Attach the essay sheets to the application and place your name and social security number in the upper right hand corner of all attached pages. |
| | Student Signature Date |

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Cathedral Service Verification Form

Student Name:

| Ministry Name: | | | | | | | _ |
|-----------------------------------------|------------------|--------------|----------------|------------------|----------------|-----------------|----------------------|
| Ministry Head: | | | | | | | _ |
| Ministry/Church location | : | | | | | | _ |
| Please rank the student by application. | y circling the f | ollowing are | eas and return | this form to | the student fo | or submission v | vith the scholarship |
| | 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 Campus Ministry Director, Local Pastor or representative where you are serving and attending.

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

Community Service Evaluation Form

| Student Volunteer Name | : : | | | | | | - | |
|---------------------------------------------------|---------------|-----------|-----------------|------------------|--------------------|----------|--------|-------------|
| Organization Name: | | | | | | | | |
| Program Director/Manag | ger: | | | | | | | |
| Address: | | | | | | | | |
| Telephone: | | | | | | | | |
| Non-Profit | _ | | For | -Profit | | _ | | |
| Please describe the n | nature of the | community | y service and | the role | that you provid | ed: | | |
| Approximate # of hours | | | ny circling the | following | areas and raturn t | his form | - - | student for |
| Program Director : Program with the school | | | by circling the | Tollowing | areas and return t | nis torm | to the | student for |
| | 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 | nments: | | | | | | _ | |
| Program Director's Sign | ature: | | | | Date: | | _ | |

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, 2019

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, 2019. If your school will be mailing transcripts to us directly, please inform your school that your transcripts MUST be received no later than June 15th 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

| | TE OF NEW JERSEY REQUIRES TH MATION IS USED TO POPULATE | | | · | | |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------|----------------------------|--------------------------------------------------|
| | ANT: YOU WILL NOT BE PAID B RNED. FOR ADDITIONAL INFOR | | Return completed form to: OMB VENDOR CONTROL PO BOX 221 | | | |
| PART I. | REQUEST FOR TAXPAYER IDE | | TRENTON, NJ 08625 or FAX: (609) 984-5210 | | | |
| 1. Nan | ne (as shown on your tax retur | n): | | | | |
| 2. Add | ress line 1: | | | | | |
| Add | ress line 2: | | | | | |
| 3. City | : | State | Zip: | | | |
| If th | e above contains preprinted d | ata that is incorrect, cro | oss it out and wi | rite the correct information | immediate | ly next to it. |
| 4. Тахра | yer Identification Number (TIN | N) Enter your TIN below | v and select the | • • | 00111 0501101 | TV 11111 10 FD |
| | | | | 50 | OCIAL SECURI FMPLOYER I | TY NUMBER DENTIFICATION NUMBER |
| | ation: Under penalties of perjury, | · · · · · · · · · · · · · · · · · · · | | | | |
| 2. I am r that I am backup w | umber shown on this form is my co ot subject to backup withholding I subject to backup withholding as a ithholding, and U.S. citizen or other US person as | pecause: (a) I am exempt f a result of a failure to repo | rom backup withh | olding, or (b) I have not been r | notified by th | e Internal Revenue Service (IRS) |
| Certificat underrep | ion Instructions: You must cross o orted interest or dividends on you ment of secured property, cancella | ut item (2) above if you ha r tax return. For real estat | e transactions, ite | m (2) does not apply. For mort | gage interest | paid, acquisition or |
| sign the o Sign Here | ertification, but vou must provide Signature | vour correct TIN. | | Date | | |
| | VENDOR/PAYEE DATA: STATE | OF NEW JERSEY VENDO | R/PAYEE INFOR | MATION QUESTIONNAIRE | | |
| 1. | Enter the code from the list b <u>VENDORS</u> | elow that best describe | es your primary | business function: | | |
| | VG=VENDORS WHO SELL OR MAI VS=VENDORS WHO RENDER SERV CS=CONSTRUCTION VENDORS W | /ICE OR RECEIVE RENT PA | YMENTS | HC=HEALTHCARE SERVICE LG=LEGAL SERVICES CG=CONSTRUCTION VEND | | E AGENCIES) |
| | GOVERNMENT ENTITIES | | | | | |
| | AC=AUTHORITY/COMMISSION CM=COUNTY/MUNICIPALITY | CF=CONFIDENTIAL FUND EP=NJ STATE EMPLOYEE | | | | AL AGENCY FD=FIRE DISTRICT COLLEGE/UNIVERSITY |
| | OTHER VENDOR (PLEASE SPE | CIFY) | | | | |
| 2. | Primary Contact Information (ALL I | FIELDS ARE REQUIRED): | | | | |
| | Name: | Phone: | | Email: | | |
| | Please check here if you are in | terested in receiving in | formation abou | t payments by direct depos | it. | |
| IF YOU AR | E A NJ STATE EMPLOYEE, NJ MANA | AGER OF A CONFIDENTIAL | FUND OR PETTY C | ASH FUND, DO NOT ANSWER T | THE BALANCE | OF THE QUESTIONAIRE. |
| (1) | What is the principle activity of yo | our organization? | | | | |
| | M=MANUFACTURING S=SERVICE | H=HEALTH RELATED S G=GOVERNMENT | | ONSTRUCTION L= | ELEGAL | _ |
| (2) | Enter the code from the list below | v that best describes your | organization | | | |
| | C=CORPORATION | • | _ | L= LIMITED LIABILITY COMPAN | NY | |
| IMPORTA | NT: ANSWER ALL QUESTIONS | (PRINT CLEARLY OR TY | PE) | | | |