

CATHEDRAL INTERNATIONAL

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 Time ____

☐ High School Student ☐ 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:

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

CATHEDRAL INTERNATIONAL

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Perth Amboy, New Jersey 08862

APPLICATION SUBMISSION CHECKLIST

Please note that your application packet is considered complete if ALL of the following items have been submitted and postmarked by **JUNE 23, 2019**.

- ☐ Scholarship Application
- ☐ Official School Transcript reflecting 3.0 GPA or higher
- ☐ Typed Essay: *“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”*.
(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”*
(No less than 250 words)
- ☐ **W9 Form:** New Jersey W9 Form Attached

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, part-time 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

**For Educare Ministry Use
ONLY**

Date received: _____

Initials: _____



CATHEDRAL INTERNATIONAL

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

I. Personal Information

Name _____

Home Address _____

City/State/Zip Code _____

Home Telephone # _____ Cellular Telephone # _____

Date of Birth _____ Male ☐ Female ☐

Email Address (1) _____ (2) _____

Student Signature & Date _____

II. Parent Information

Parent (Guardian) Name _____

Address _____

Work Telephone # _____ Home Telephone # _____

Parent/Guardian Signature _____

III. Educational Information

Name of Institution & Address (High School Seniors, please list the name of your high school and the college you anticipate attending)

Grade Point Average _____

PLEASE 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**)

IV. 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? _____

VI. 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 _____

CATHEDRAL INTERNATIONAL

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Cathedral Service Verification Form

Student Name: _____

Ministry Name: _____

Ministry Head: _____

Ministry/Church location: _____

Please rank the student by circling the following areas and return this form to the student for submission with the scholarship application.

	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: _____ Date: _____

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.

CATHEDRAL INTERNATIONAL

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Community Service Evaluation Form

Student Volunteer Name: _____

Organization Name: _____

Program Director/Manager: _____

Address: _____

Telephone: _____

Non-Profit _____

For-Profit _____

Please describe the nature of the community service and the role that you provided: _____

Approximate # of hours served: _____

Program Director: Please rank the volunteer by circling the following areas and return this form to the student for submission with the scholarship application.

	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 Comments: _____

Program Director's Signature: _____ 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

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 RETURNED. FOR ADDITIONAL INFORMATION CALL (609) 633-8183 OR EMAIL: AATUNIT@TREAS.STATE.NJ.US

Return completed form to:
OMB VENDOR CONTROL
PO BOX 221
TRENTON, NJ 08625 or
FAX: (609) 984-5210

PART I. REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

1. **Name** (as shown on your tax return):

2. **Address line 1:**

Address line 2:

3. **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:**

- 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
- 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
- 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.

Sign
Here

Signature

Date

PART II. VENDOR/PAYEE DATA: STATE OF NEW JERSEY VENDOR/PAYEE INFORMATION QUESTIONNAIRE

1. 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

AC=AUTHORITY/COMMISSION

CF=CONFIDENTIAL FUND

PC=PETTY CASH

SD=SCHOOL DISTRICT

FA=FEDERAL AGENCY

FD=FIRE DISTRICT

CM=COUNTY/MUNICIPALITY

EP=NJ STATE EMPLOYEE

SA=STATE AGENCY

WB=WELFARE BOARD

CU=STATE COLLEGE/UNIVERSITY

OTHER VENDORS

OT=OTHER VENDOR (PLEASE SPECIFY) _____

2. **Primary Contact Information (ALL FIELDS ARE REQUIRED):**

Name: _____ Phone: _____ Email: _____

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 QUESTIONNAIRE.

(1) What is the principle activity of your organization?

M=MANUFACTURING

H=HEALTH RELATED SERVICE

C=CONSTRUCTION

L=LEGAL

S=SERVICE

G=GOVERNMENT

O=OTHER (PLEASE SPECIFY) _____

(2) 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)