

SCHOLARSHIP SPONSOR INFORMATION FORM

Name of Scholarship: _____

Amount of Scholarship: \$ _____ One Time _____ Yearly _____ For _____ Years

Name of Person (S) Sponsoring Scholarship _____

Contact Phone: _____

Check One:

_____ This scholarship can be awarded to scholarship applicants at the discretion of the New Zion Baptist Church Scholarship Committee.

_____ This scholarship can only be awarded to scholarship applicants with the stipulations listed below:

Scholarship Stipulations (e.g. recipient must be female/male; scholarship(s) must be awarded to student(s) who attend a historically black college/university; scholarship(s) must be awarded to student(s) in the health profession).

1. No Stipulations

2. _____

3. _____

Signature of Scholarship Sponsor(s) _____

Note: Monies for scholarship to be awarded in May of a given year must be submitted to the church office before December 31 of the preceding year. For example, a scholarship to be awarded in May of 2016 should be funded by December 31 of 2015.