

MOUNT CARMEL BAPTIST CHURCH

7237 Tuckaseegee Road Charlotte, NC 28214 Ph:(704) 394-3525 Fax: (704) 926-0647

MICKI & DR. LEON C. RIDDICK SCHOLARSHIP FUND APPLICATION

May 26, 2024

Dear Scholarship Applicant:

Congratulations as you endeavor your educational opportunities. We pray God's grace will sustain you throughout your road to success.

Enclosed in this Scholarship Application Packet, you will find a scholarship objective page, an application form, school community reference and church involvement forms. **All items are to be completed and emailed to darlene_brewer@bellsouth.net**). Incomplete packets cannot be considered.

Please note the **deadline** for your application to be returned to Ms. Brewer is June 23, 2024. The following required documents must accompany the completed application:

- 1- Official High School Transcript
- 2- Teacher/Community/Church Reference Form
- 3- Your parents 1040 Tax Form for income verification or Schedule C or SE
- 4- College Acceptance Letter
- 5- A letter from a parent or guardian stating why you need the Micki & Dr. Leon C. Riddick Scholarship

God Bless,

Micki & Dr. Leon C. Riddick Scholarship Fund Committee:

Reverend Dr. Casey R. Kimbrough, Pastor

Ms. Darlene Brewer, Chair

Ms. Mildred Bennett

Mr. A. J. Poindexter

Ms. Audrey Caldwell

Ms. Valerie Stroud

Mr. Kevin Paige

Ms. Mildred Johnson, Emeritus

MOUNT CARMEL BAPTIST CHURCH

7237 Tuckaseegee Road Charlotte, NC 28214 Ph:(704) 394-3525 Fax: (704) 926-0647

MICKI & DR. LEON C. RIDDICK SCHOLARSHIP FUND APPLICATION

HIGH SCHOOL

(High School Graduate)

OBJECTIVE

To offer financial scholarship(s) to eligible graduated high school seniors based on the following criteria. All following documentation **MUST** be submitted for your application to be considered by the required date.

- A. The student must be an active participating member of Mount Carmel Baptist Church.
- B. The student must have a minimum unweighted GPA of 2.75 upon graduating from High School in a 4.0 system.
- C. The student must attend an accredited college or university.
- D. The applicant's family income must be verified by providing a copy of the Parent(s) or Guardian(s) income tax form (1040) or Schedule C or SE. If filing extension provide W2 and/or 1099 and form 4868.
- E. A letter from a parent or guardian stating the need for the Micki & Dr. Leon C. Riddick Scholarship.
- F. All the above documentation must be submitted for your application to be considered and must be received by June 23, 2024.

The committee will use the following scale in evaluating the application. A thirty (30) point system is to be employed and distributed over five (5) categories.

Category

- 1. Financial Need9
- 2. Grade Point Average7
- 3. Church Involvement7
- 4. Reference from Teachers..... 4
- 5. Community Involvement.....3

To receive the scholarship the above points references must be provided.

MOUNT CARMEL BAPTIST CHURCH

7237 Tuckaseegee Road Charlotte, NC 28214 Ph:(704) 394-3525 Fax: (704) 926-0647

MICKI & DR. LEON C. RIDDICK SCHOLARSHIP FUND APPLICATION

Name _____

Last

First

Middle

Date of Birth: _____ Current Age: _____

Month Day Year

Current Year of School: _____ GPA:
(unweighted) _____

Home Address: _____

City

State

Zip Code

Home Telephone Number: _____ Cell Phone: _____

Mother's/Guardian Name: _____

Last

First

Middle

Occupation: _____

Father's/Guardian Name: _____

Last

First

Middle

Occupation: _____

Please fill in the following sibling information:

Brother and Sisters and age: Living at home Grade in School In College

Parent's/Guardian Total Income \$ _____

List of activities and involvement(s) in the church.

List of activities and involvement(s) in the community:

References: Please place the names in the spaces below and attach the appropriate paperwork.

Teacher(s) _____

Church Leader(s) _____

Community Leader(s) _____

College, you plan to attend

*A copy of the college acceptance letter is to be attached.

*Enclose a copy of parent(s)/guardian(s) financial income tax return (form 1040) or Schedule C or SE.

* The recipient of The Micki & Dr. Leon C. Riddick Scholarship must be enrolled in an accredited college or university.

* Scholarship funds will be mailed to the college/university of the student.

MOUNT CARMEL BAPTIST CHURCH

7237 Tuckaseegee Road Charlotte, NC 28214 Ph:(704) 394-3525 Fax: (704) 926-0647

MICKI & DR. LEON C. RIDDICK SCHOLARSHIP FUND APPLICATION

Student's Name _____

The above student is applying for the Micki & Dr. Leon C. Riddick Scholarship offered by Mount Carmel Baptist Church, Charlotte, North Carolina.

Please help us in our selection process by rating the student using the attached form. You may also attach a letter of recommendation and return them to the Mount Carmel Baptist Church, Attention: Micki & Leon C. Riddick Scholarship Committee, C/O Ms. Darlene Brewer.

Please return the requested information by June 23, 2024.

God Bless,

Micki & Dr. Leon C. Riddick Scholarship Fund Committee:

Reverend Dr. Casey R. Kimbrough, Pastor

Ms. Darlene Brewer, Chair

Ms. Mildred Bennett

Mr. A. J. Poindexter

Ms. Audrey Caldwell

Ms. Valerie Stroud

Mr. Kevin Paige

Ms. Mildred Johnson, Emeritus

MOUNT CARMEL BAPTIST CHURCH

7237 Tuckaseegee Road Charlotte, NC 28214 Ph:(704) 394-3525 Fax: (704) 926-0647

MICKI & DR. LEON C. RIDDICK SCHOLARSHIP FUND APPLICATION

SCHOOL/COMMUNITY REFERENCE FORM

Applicant's Name: _____

Home

Address: _____

City: _____ State: _____ Zip Code: _____

Please rate the student in the following areas:

	OUTSTANDING	AVERAGE	POOR
Willingness to participate in class	_____	_____	_____
School Involvement	_____	_____	_____
Community Involvement	_____	_____	_____
Demonstrate Leadership Qualities	_____	_____	_____
Relationship with superiors	_____	_____	_____
Student's Ability and potential (both academically and personal)	_____	_____	_____

Please check one of the following:

A. Strongly Recommend _____

B. Recommend _____

C. Do not recommend _____

Comments (required for rating) _____

Signature: _____ Title: _____

MOUNT CARMEL BAPTIST CHURCH

7237 Tuckaseegee Road Charlotte, NC 28214 Ph:(704) 394-3525 Fax: (704) 926-0647

MICKI & DR. LEON C. RIDDICK SCHOLARSHIP FUND APPLICATION

CHURCH INVOLVEMENT FORM

(To be completed by a Ministry Leader)

Applicant's Name: _____

Home

Address: _____

City: _____ State: _____ Zip Code: _____

Please rate the student in the following areas:

	<u>OUTSTANDING</u>	<u>AVERAGE</u>	<u>POOR</u>
Church School Attendance	_____	_____	_____
Youth Choir	_____	_____	_____
Usher	_____	_____	_____
Outreach	_____	_____	_____
Other Participation	_____	_____	_____

Please check one of the following:

- A. Strongly Recommend _____
- B. Recommend _____
- C. Do not recommend _____

Comments (Required for rating) _____

Signature: _____ Title: _____