



### Process for Handing In Applications

The following is the process for collecting all scholarship materials:

- All contents must be **MAILED TO THE TEMPLE HILLS LOCATION** in one sealed 9x12 size envelope.  
2261 Oxon Run Drive Temple Hills, Maryland 20748  
ATTN: Scholarship Committee
- Items that are not submitted in the 9x12 envelope **will not be considered.**
- **The package must be post-marked by Monday, July 22<sup>nd</sup>, 2019.**

### Contact for Questions

If you have any questions, please e-mail: [scholarship@sofcc.org](mailto:scholarship@sofcc.org).

Emails should include full name and phone number. There is a 72 hour turnaround time.

### Criteria

Applicants **MUST** meet the following criteria to be eligible for the student loan support scholarship.

- Partner at S.O.F.C.C. for at least 4 years
- Tither
- Has received a college degree (undergraduate or graduate) within the last five years (2013-2018)
- Cannot be applying for any other SOFCC scholarship currently
- Previous recipient of an SOFCC scholarship
- Currently serving in Ministry of Helps (MOH)

Please use this form to ensure that you are fulfilling the requirements needed to become an S.O.F.C.C.

Award recipient. ALL applicants must complete each section.

- Attendance Verification Form
- Include a wallet size picture/headshot of applicant only (Pictures will not be returned)
- Proof of graduation – final transcript or copy of diploma
- Copy of promissory note or proof of loan balance
- Recommendation letter from MOH
- Verification of MOH service
- Resume (work experience, leadership, spiritual/church activities, etc.)
- \*Personal statement (NO MORE than two pages typed, double spaced, 12 font, Times New Roman)
- Overall neatness and presentation
- All contents are in a sealed 9x12 size envelope
- The package must be mailed in and post-marked by Monday, July, 22<sup>nd</sup> 2019 (late entries will not be considered)
- Enclose a self-addressed stamped envelope for application confirmation**

**\*Personal Statement. Please describe yourself, including:**

- Your current career path and future career goals
- Ways in which you have "paid it forward" in your current job
- The way (s) that the SOFCC scholarship you previously received helped you to reach your educational goals



**SUBMIT THIS COVER PAGE ALONG WITH YOUR COMPLETED APPLICATION**  
**EVERYTHING MUST BE COMPLETED AND MAILED TOGETHER TO THE TEMPLE**  
**HILLS LOCATION**

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**Full Name**

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**Institution Name**

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**Social Security Number**

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**Tithes/Offering envelope number**

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**Today's Date**

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**Name of SOFCC scholarship that you won previously**

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**Email address for Correspondence**

**Application must be postmarked by Monday, July 22<sup>nd</sup>, 2019**



## **“Attendance Verification”**

**ALL applicants, for all awards must have attended SOFCC for at least four years to be eligible.**

The information below will be submitted to the Finance Department who will inform the SOFCC scholarship committee of the dates of giving. We are not interested, nor are we looking at amounts; we are looking at dates of giving. The dates will serve as dates of attendance for the scholarship purposes.

**All applicants must complete this form and submit with final application. If not submitted, you will not be considered for a scholarship.**

<b>Applicant Name:</b>	<b>Applicant complete Home Address:</b>	<b>Applicant Tithes/Offering Number:</b>



*Spirit of Faith Christian Center Student Loan Support Scholarship Application 2019*  
*“Knowledge is free, so get all you can”*

**Applicant Entry Data:** Type or Print legibly with black ink and complete all information.

Name (first) \_\_\_\_\_ (last) \_\_\_\_\_ (MI) \_\_\_\_\_

Marital Status (check one)    **Married** \_\_\_            **Single** \_\_\_

Are you a partner? \_\_\_\_\_    **How long?** \_\_\_\_\_ (Exact date: Month & Year)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Ministry of Helps (MOH)** - *all MOH workers must use their Directors for the letter of recommendation*

What area(s) do you serve in? \_\_\_\_\_

How long have you been in the area(s)? \_\_\_\_\_

What is your role? \_\_\_\_\_

How has the MOH influenced your life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Which location do you primarily attend?** (Check one) Brandywine \_\_\_ Temple Hills \_\_\_ Baltimore



## **Recommendation Letter-MOH**

***Applicant Instructions:*** This is the official template for the SOFCC Scholarship application 2019. Please fill in your information and submit this to your recommendation writer. Make sure it is given back to you in a sealed envelope in order to submit a complete application.

***Recommendation Writer Instructions:*** This form **MUST** be completed by the MOH Director. Thank you for completing this letter of recommendation. Please complete, sign, and date and return to applicant in a sealed envelope so it can be submitted with the final application.

**Applicant Name:** \_\_\_\_\_

**SOFCC Scholarship:** \_\_\_\_\_

<b>Recommender’s Information:</b>  Title, Name, How long know applicant  How long know applicant ( <u>must</u> have exact dates)					
Address					
Phone and E-mail					
MOH					
<i>Using the rating scale provided, please rate the applicant accordingly.</i>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
He/She has been actively involved since joining Ministry of Helps/VAT.					
He/She has consistently demonstrated leadership potential. (i.e., being on time, respectful, team lead, etc.)					
He/She has demonstrated the ability to work with others in order to be a team player.					
He/She has exhibited effective communication skills.					
He/She performs above normal expectations.					
Based on my relationship with the applicant, and their <u>attendance</u> , I would recommend they receive a scholarship.					
<b>What do you consider the applicant’s current strengths? Areas for Improvement?</b> <i>Note if you marked Strongly Agree for any area above, you must provide evidence below</i>					

**Recommender’s signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_, 2019



**Promissory Note Information**

This page provides the financial information that is required for SOFCC to send checks on your behalf if you are to receive a loan support scholarship.

Student Name: \_\_\_\_\_ Social Security #: \_\_\_\_--\_\_\_\_--\_\_\_\_\_

Balance of Loan: \_\_\_\_\_

Loan Holder Name: \_\_\_\_\_

Address: \_\_\_\_\_

Where to send the check (if awarded): \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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**\*Post Offices with Extended Hours**

Phone: 1- (800) ASK - USPS

**Virginia**

<p>3360 Post Office Road Woodbridge, VA 22193</p> <p>Mon.- Sat. 8:30 a.m. – 7:30 p.m.</p>	<p>5221 Franconia Road Alexandria, VA 22310</p> <p>Mon.- Fri. 9:00 a.m. – 6:00 p.m. Sat. 9:00 a.m. – 2:00 p.m.</p>
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**Washington, D.C.**

<p>2 Massachusetts Ave, N.E. Washington, DC 20002</p> <p>Mon.- Fri. 9:00 a.m. – 7:00 p.m. Sat.- Sun. 9:00 a.m. – 5:00 p.m.</p>	<p>4005 Wisconsin Ave, N.W. Washington, DC 20016</p> <p>Mon.- Fri. 8:00 a.m. – 6:00 p.m. Sat. 8:00 a.m. – 4:00 p.m. Sun. 10:00 a.m. – 4:00 p.m.</p>
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**Maryland**

<p>9201 Edgeworth Drive Capitol Heights, MD 20790</p> <p>Mon.- Fri. 9:00 a.m. – 5:00 p.m. Sat. 9:00 a.m. – 4:00 p.m.</p>	<p>9134 Piscataway Road Clinton, MD 20735</p> <p>Mon.- Fri. 9:00 a.m. – 5:00 p.m. Sat. 9:00 – 2:00 p.m.</p>
<p>900 Fayette St. Room 118 Baltimore, MD 21233</p> <p>Mon.- Fri. 8:30 a.m. – 7:00 p.m. Sat. 8:30 a.m. – 5:00 p.m.</p>	

\*Please note that the United States Postal Service can modify hours at any given moment, always call in advance to verify station hours.