Ephesians New Testament Church

Elizabeth E. Brown Scholarship

Dear Applicant,

Thank you for applying for the Elizabeth E. Brown Scholarship.

This scholarship was developed in order to acknowledge the work of students that want to improve their overall quality of life through education.

Whether you decide to go to a university or a community college or even a trade school, we at Ephesians New Testament Church want to encourage you to peruse those avenues that you invasion.

In this world of technology, it is important that one be equipped to compete in any field of interest.

As we consider you the applicant, we only want to insure that the funds awarded to someone who has a good work ethic and a desire to achieve from any level they might find themselves in. ***The evaluation form is due with all other materials no later than December 18th, 2026.***

Once again thank you for applying.

Bishop Emory B. James, D. Min.
Sr. Pastor

EBJ/cye

"Serving The Lord In The Spirit of Excellence"
Mailing: Post Office Box 982, Fontana, California 92334
Phone: (909) 823-2310
Email: Ephesianschurch@gmail.com

EPHESIANS

NEW TESTAMENT CHURCH

2027 SCHOLARSHIP APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Mother's Name: _____

Father's Name: _____

Telephone Number: _____

ACADEMICS

Name of High School/College or University: _____

High School GPA: _____ Class Rank: _____

Potential Major: _____ Potential Minor: _____

School you wish to attend: _____

LIST ANY HONORS/AP COURSES TAKEN:

Honors/AP Courses 9th Grade	Honors/AP Courses 10th Grade	Honors/AP Courses 11th Grade	Honors/AP Courses 12th Grade

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Do you have a part time job? Yes_____ No_____ Seeking_____

If yes, what is the name of your employer? _____

Supervisor's Name: _____ Phone #: _____

COMMUNITY SERVICE

List all Community Service Activities within the last 12 months. We need the name and phone number of the advisor or supervisor to verify your participation.

Name of Organization	From	To	Duties: (in brevity)	POC & Contact Area Code/Number

Organizational Involvement/Extracurricular Activities

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NEW TESTAMENT CHURCH

2027 SCHOLARSHIP APPLICATION

Are you a member of a church? Yes: _____ No: _____ Visiting: _____

Pastor's Name: _____

If yes, what is the name of your Church?

_____

Church Address: _____

City: _____ State: _____ Zip Code: _____

Are you involved in a ministry: Yes: _____ No: _____ Department: _____

Are you a member of Student Government? _____ Position: _____

List Organizations that you are affiliated with-on campus:

Name of Organization	From	To	Leadership Position/Responsibility

List Organizations that you are affiliated with on-campus:

Name of Organization	From	To	Leadership Position/Responsibility

Community Service Recommendation for Scholarship

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2027 SCHOLARSHIP APPLICATION

To the Applicant: Please fill in the following information and give this form to the individual who will recommend you. The individual you select must be an adult, other than a teacher, with whom you have worked extensively and who knows your capabilities. <u>The individual cannot be a family member.</u>

Applicant's Information:

Name: _____
Last First Middle

Date: _____

To the Recommender: We would like your candidate evaluation of the applicant both on this form and in a letter of recommendation. Please return the materials in a confidentially sealed envelope to the applicant so he/she can include it in the complete scholarship packet. What, in your judgement, makes this applicant unique? Give particular attention to intelligence, creativity, and capacity for professional development. Also, please appraise this applicant's potential in his/her field of study. Please make your comments on a separate sheet, which should accompany this form. ***<u>The evaluation form is due with all other materials no later than December 18th, 2026.</u>***

<u>Recommender's Personal Information:</u>

Name: _____
Last First Middle

Address: _____
Street Apartment #

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____

Email: _____

Occupation: _____

Employer: _____

Occupation: _____

Relationship to Applicant: _____

How many years have you known the applicant? ___Less than 1-year ___1 to 3 years ___More than 3 years

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NEW TESTAMENT CHURCH

2027 SCHOLARSHIP APPLICATION

To the Applicant: Please fill in the top half and give this to the teacher who will recommend you.

Applicant Information:

Name: _____
Last First Middle

Date: _____

To the Recommender: We would like your candidate evaluation of the applicant both on this form and in a letter of recommendation. Please return the materials in a **confidentially sealed envelope** to the applicant so he/she can include it in the complete scholarship packet. What, in your judgement, makes this applicant unique? Give particular attention to intelligence, creativity, and capacity for professional development. Also, please appraise this applicant's potential in his/her field of study. Please make your comments on a separate sheet, which should accompany this form. ***The evaluation form is due with all other materials no later than December 18th, 2026.***

In addition to the separate sheet with your comments, please appraise the abilities and characteristics apparent in the applicant's performance in comparison to other students whom you have taught. Also, please rate the candidate using the following table:

	Excellent	Very Good	Average	N/A
Originality				
Ability to be Analytical or critical				
Ability to Communicate orally				
Ability of enthusiasm and curiosity				
Thoroughness in carrying out tasks				
Maturity				

In my _____ years of education, I would rank this student in the top _____ 5% of the students I have taught.

Has this student taken the SAT? _____ ACT? _____ Applied for FAFSA? _____ MMDD _____

Teacher Signature: _____ Name: _____

Email Address: _____

School: _____ School Telephone: _____

Phone Number (include Area Code): _____