



# NEW BEGINNINGS

CHRISTIAN FELLOWSHIP

## Scholarship Ministry Mission Statement

**Rev. Dr. Leslie D. Braxton**  
Senior Pastor  
President, BOD

**Deacon Eugene W. Jones, Jr.**  
Deacon Chair  
1<sup>st</sup> Vice- Pres. BOD

**James Gill**  
Stewardship Chair  
2<sup>nd</sup> Vice-Chair BOD

**Deacon Sarah Gray**  
Deacon Vice-Chair

**Mary E. Reed**  
Corporate Treasurer

**Ollary Stevenson**  
Corporate Secretary

**Min. Cerise Barton**  
Minister To Children & Youth

**Rev. Pamela Taylor South**  
Minister to New Members/Seniors

**Rev. Derick Harris**  
Minister to Discipleship/Young Adults

**Mailing Address**  
PO Box 940  
Renton, WA 98057-0940

**Church Address**  
19300 108<sup>th</sup> Ave SE  
Kent, WA 98031  
425.282.6220 phone

[www.thenbcf.org](http://www.thenbcf.org)

**Affiliations**  
American Baptist Churches, USA  
National Baptist Convention USA, Inc.  
Evergreen Baptist Association  
North Pacific Baptist Convention  
Church Council of Greater Seattle

The New Beginnings Christian Fellowship Scholarship Ministry seeks to provide financial assistance to our active members who are or will be attending an accredited college, university, trade school, vocational school, and technical school.

### Qualifications for Eligibility for an NBCF Scholarship:

1. Be a member of NBCF, per NBCF Membership Standards (Article IV, Section 3 of NBCF By-Laws), for at least two years prior to the application deadline.
2. Enrollment in an accredited college, university, trade school, vocational school, community college, or technical school.
3. A minimum 2.5 GPA. Include a copy of your transcript with your application.
4. Regular attendance in worship.
5. Participation in the NBCF Youth Ministry (if a youth).
6. Regular financial Support of NBCF (if adult).
7. Participation in an NBCF Ministry (applicant must present Letter of Reference from at least one NBCF Ministry Head confirming that they have faithfully participated in that ministry for at least one year of uninterrupted service within the past two years).
8. Maintain regular attendance while in school, either at NBCF or under Watch Care if attending school out of the local area.

### GENERAL INFORMATION:

- Scholarship covers ensuing academic year (September to August)
- Maximum number of years to receive NBCF Scholarship is five

High School Seniors and Continuing Education Students please return scholarship application a copy of your transcript and Letter(s) of Reference from an NBCF Ministry Head to:

NBCF Scholarship Ministry  
ATTN: Nikki Brooks  
PO Box 940  
Renton, WA 98057-0940  
or email to: [scholarships@thenbcf.org](mailto:scholarships@thenbcf.org)

**Dead Line: Scholarship Applications must be postmarked or e-mailed by **June 3, 2018****



**NEW BEGINNINGS**  
CHRISTIAN FELLOWSHIP

**New Beginnings Christian Fellowship  
2018 Scholarship Application**

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**First Name**

**Middle Name**

**Last Name**

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**Parent or Guardian Name**

<input type="checkbox"/> Male <input type="checkbox"/> Female	
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**Gender**

**Birth Date**

<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other _____

**Ethnicity (Optional)**

**Mailing Address (Not School Address)**

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**Street**

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**City**

**State**

**Zip**

--	--

**Phone Number**

**Alternate Phone Number**

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**Email Address**



### First Year Students

High School Senior Yes No

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Name of High School

		<input type="checkbox"/> Yes <input type="checkbox"/> No
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Graduation Date

GPA

University/Tech School Acceptance Received?

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Name of Institution

### Continuing Education Students

<input type="checkbox"/> Undergraduate Degree Program	GPA	
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Name of University, College, or Technical School

Freshman

Sophomore

Junior

Senior

Other (Please Specify)

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Graduate Degree Program

GPA

Masters Degree, MDiv.

Specify Degree:

Ph D., D. Min

Specify Degree:

Other

Specify Degree:


Returning Student, Not Currently Enrolled



**NEW BEGINNINGS**  
CHRISTIAN FELLOWSHIP

**NBCF Information**

**Length of Membership**

**Ministry Involvement (list all)**

**Community Involvement**

**Authorization Statement**

I/We certify, that to the best of our knowledge, all the information provided is true, complete, and accurate.

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**Applicant Signature**

**Parent or Guardian  
(If applicant is under 18)**

**Date**



**NEW BEGINNINGS**  
CHRISTIAN FELLOWSHIP

**New Beginnings Christian Fellowship  
2018 Scholarship Application  
NBCF Ministry Recommendation Form**

Student: **Fill out the information below and give it to an NBCF Ministry Head with whom you have served in ministry.**

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**First Name**

**Middle Name**

**Last Name**

Ministry Head: The Scholarship Ministry appreciates your input as we evaluate scholarship applicants. Please tell us about the applicant and their participation in your ministry.

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**Ministry Leader Name**

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**Ministry Name**

**Dates of service within your ministry**

**From**

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**To**

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**Please comment on the applicant's participation in this ministry and how they use their talents and gifts at NBCF.**

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**Ministry Head Signature**

**Date**