2017
High School, College & Vocational/Technical School Graduate’s Information Book

This booklet also contains:

Distinguished Service Award

and/or

Scholarship Application
2017 APPLICATION

Please check which award you are applying for:

☐ SCHOLARSHIP AWARD
☐ DISTINGUISHED SERVICE AWARD

Requirements and Instructions

The Wake Chapel Church (WCC) Scholarship recognizes the academic and ministerial accomplishments of graduating WCC high school disciples. The Distinguished Service Award will recognize those graduating WCC disciples who do not meet the minimum GPA requirements for the scholarship. No student shall be permitted to apply for the WCC Scholarship and the WCC Distinguished Service Award concurrently.

Applicants for either award must meet the following eligibility requirements:

For Scholarship & Distinguished Service Award:

a) Student must be a senior who is graduating from an accredited North Carolina high school during the same school year as the scholarship application.

b) Student must be planning to attend college or an accredited vocational/technical higher education school.

c) Student must have successfully completed all of the required New Disciple classes prior to application submission.

d) Student must be an active disciple of Wake Chapel Church for a minimum of 18 months, with at least one continuous year of involvement in at least one ministry at the time of application.

For Scholarship Only:

a) Student must have a minimum unweighted 3.0 GPA.

The following documentation must be submitted with the application in order to be considered for either award:

For Scholarship & Distinguished Service Award:

a) A letter of acceptance from an accredited college or university.

b) At least one, but no more than two, sealed Ministry Recommendation form(s) completed by the Ministry Coordinator.

Scholarship Only:

a) Two (2) sealed Academic Recommendations forms (Teacher, Counselor, and/or Principal/Administrator).

b) Official transcript (School must affix school’s seal and send directly to the church.).

The applications must be typed. All information is due no later than noon on Tuesday, May 23, 2017. Applications submitted without the required documents or after the due date will NOT be considered.

Please mail ALL information to:

Wake Chapel Church
Education and Career Development
3805 Tarheel Club Road, Raleigh, North Carolina 27604
Complete the Following Information
(if applying for either award)

Please type all information.

Full Name:  
Mr. 
Miss 

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<th>Last</th>
<th>First</th>
<th>Middle</th>
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</table>

Home Address

<table>
<thead>
<tr>
<th>Street or Route</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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County   (Area Code)   Home Telephone

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Student ID # or S.S. # (last 4 digits)</th>
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</thead>
<tbody>
<tr>
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<td>(Used for Identification Purposes ONLY)</td>
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Active disciple for at least 18 prior months in each of the following ministries (excluding Sunday School, Teen Church, and Tuesday Time of Empowerment):

1. 
2. 
3. 
4. 

High School Attended   Expected Graduation Date

Address

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<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
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Telephone

Guidance Counselor (Full Name)

Have you been accepted into college? _____ Yes _____ No

Name of College/University you plan to attend

Address (Dept. office, etc. where scholarship award is to be sent)

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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</table>

Intended Major

Parent/Guardian Name

Mailing Address

Telephone Number

Email Address

(For Scholarship Application Only)
ACTIVITIES AND HONORS
PLEASE TYPE

(Please include the year in which you participated in each activity or received recognition. Start with your most recent activity. Limit your responses to this page.)

What activities in school, community, or church have been most meaningful to you?

What significant honors, awards and/or recognition (scholastic, citizenship, athletic, artistic, etc.) have you received during your years in high school?

What offices or positions have you held in your school, community and/or Church?

List a few of your hobbies or special interests. Include your part-time job or summer experiences, such as, travel, enrichment opportunities, etc.

How do you feel the ministries in which you are currently involved are enriching your future aspirations?
(For Scholarship Application Only)

Please explain how your ministry service has affected your values, future goals, educational, and/or professional aspirations. Also, describe how this service has affected your thinking. Try to let your statement give us some additional insight about you.

(Type, using only the space below)
SCHOLARSHIP & DISTINGUISHED SERVICE AWARD
RECOMMENDATION FORM
(Ministry Coordinator)

MINISTRY NAME ________________________________

Applicant’s Name: ________________________________

First Middle Last

1. How well and in what capacity do you know the applicant?
   a. When did applicant become a disciple of WCC? ______________________
   b. When did applicant become an active disciple of this ministry? _________
   c. Approximately how long has the disciple been an active participant in this ministry? _______

2. Please rate the applicant according to the following:

<table>
<thead>
<tr>
<th></th>
<th>Poor Under 74%</th>
<th>Fair 75% - 83%</th>
<th>Good 84 – 90%</th>
<th>Excellent 90 – 96%</th>
<th>Outstanding 97 – 100%</th>
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<tr>
<td>Understanding of Ministry’s Mission</td>
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<td>Ability to Work with Others</td>
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<td>Compliance to Ministry’s Rules &amp; Activities</td>
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<tr>
<td>Respect for Leadership &amp; Fellow Teammates</td>
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<td>Potential as a Leader</td>
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RECOMMENDATION: (check one)

☐ Highest Recommendation ☐ Recommend with confidence ☐ Recommend with some reservation

Additional Comments (may use additional sheet):

Coordinator’s Name (Print) ________________________________

Signature ____________________________________________ Date ______________

Address _____________________________________________

PLEASE SUBMIT TO APPLICANT IN A SEALED ENVELOPE

THIS FORM MAY BE DUPLICATED
SCHOLARSHIP & DISTINGUISHED SERVICE AWARD
RECOMMENDATION FORM
(Ministry Coordinator)

MINISTRY NAME ________________________________

Applicant’s Name:
First       Middle       Last

1. How well and in what capacity do you know the applicant?
   a. When did applicant become a disciple of WCC? ________________
   b. When did applicant become an active disciple of this ministry? ________________
   c. Approximately how long has the disciple been an active participant in this ministry? __________

2. Please rate the applicant according to the following:

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RECOMMENDATION: (check one)

☐ Highest Recommendation    ☐ Recommend with confidence    ☐ Recommend with some reservation

Additional Comments (may use additional sheet):

Coordinator’s Name (Print): ________________________________

Signature ________________________________ Date ________________

Address __________________________________________

PLEASE SUBMIT TO APPLICANT IN A SEALED ENVELOPE

THIS FORM MAY BE DUPLICATED
SCHOLARSHIP AWARD
RECOMMENDATION FORM
(Teacher)

Applicant’s Name: ____________________________________________

First   Middle   Last

1. How well and in what capacity do you know the applicant?

2. Please rate the applicant according to the following:

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<tr>
<th>Skill</th>
<th>Poor Under 74%</th>
<th>Fair 75% - 83%</th>
<th>Good 84 – 90%</th>
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RECOMMENDATION: (check one)

☐ Highest Recommendation  ☐ Recommend with confidence  ☐ Recommend with some reservation

Additional Comments (may use additional sheet):

Name (Print) __________________________ Title _______________

Signature ____________________________ Date _______________

School ______________________________

Address ______________________________

PLEASE SUBMIT TO APPLICANT IN A SEALED ENVELOPE

THIS FORM MAY BE DUPLICATED
SCHOLARSHIP AWARD
RECOMMENDATION FORM
(Teacher)

Applicant’s Name: ____________________________________________

First               Middle               Last

1. How well and in what capacity do you know the applicant?

2. Please rate the applicant according to the following:

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RECOMMENDATION: (check one)

☐ Highest Recommendation         ☐ Recommend with confidence        ☐ Recommend with some reservation

Additional Comments (may use additional sheet):

Name (Print) _________________________ Title _________________________

Signature _________________________ Date _________________________

School ______________________________

Address ______________________________

PLEASE SUBMIT TO APPLICANT IN A SEALED ENVELOPE

THIS FORM MAY BE DUPLICATED
SCHOLARSHIP AWARD
RECOMMENDATION FORM
(Counselor)

Applicant’s Name:

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<th>First</th>
<th>Middle</th>
<th>Last</th>
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2. Please rate the applicant according to the following:

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RECOMMENDATION: (check one)

☐Highest Recommendation ☐Recommend with confidence ☐Recommend with some reservation

Additional Comments (may use additional sheet):

Name (Print)_________________________________________ Title ____________

Signature_________________________________________ Date ____________

School______________________________________________

Address____________________________________________

PLEASE SUBMIT TO APPLICANT IN A SEALED ENVELOPE

THIS FORM MAY BE DUPLICATED
SCHOLARSHIP AWARD
RECOMMENDATION FORM
(Principal/Administrator)

Applicant’s Name: ____________________________

First  Middle  Last

1. How well and in what capacity do you know the applicant?

2. Please rate the applicant according to the following:

<table>
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RECOMMENDATION: (check one)

☐ Highest Recommendation  ☐ Recommend with confidence  ☐ Recommend with some reservation

Additional Comments (may use additional sheet):

Name (Print) ____________________________  Title _________

Signature ____________________________  Date _________

School ____________________________

Address ____________________________

PLEASE SUBMIT TO APPLICANT IN A SEALED ENVELOPE

THIS FORM MAY BE DUPLICATED
2017 High School, College & Vocational/Technical School Graduate

Each year Wake Chapel Church recognizes disciples that will be graduating. ALL Wake Chapel disciples who will be graduating from High School and/or College & Vocational/Technical School on or before June 30, 2017, should complete the information below and return the completed form to the Administrative Office by Tuesday, May 23rd.

In addition to completing this form, a Graduate picture (i.e. jpeg format) of yourself in your Cap and Gown ONLY should be submitted to the administrative office. Pictures can be submitted by email to: ecd@wakechapel.org.

Graduate recognition is scheduled for Sunday, June 25, 2017 during the 10:00am worship service. Rehearsal for all graduates will be on Saturday, June 24, 2017 from 10:00am – 12:00pm in the sanctuary.

(Please Print Legibly)

Student Full Name: __________________________________________

Phone Number: Home ___________________________ Cell ___________________________

Street Address: __________________________________________

City ___________________________ State ___________________________ Zip Code __________

Student Personal E-mail Address: __________________________________________

Name of school you are graduating from: __________________________________________

Date of Graduation: __________________________________________

Degree Obtained and Area of Study (Post-Secondary): __________________________________________

Name of Parent(s)/Guardian(s) or Spouse: __________________________________________

Phone Number of Parent(s)/Guardian(s): __________________________________________

Personal E-mail of Parent(s)/Guardian(s): __________________________________________

Future Plans: __________________________________________

____________________________________________________________________________

____________________________________________________________________________

FOR HIGH SCHOOL GRADUATES ONLY: Please list the ministries you are currently in or have been involved in here at Wake Chapel Church (i.e. SWAG, N-Step, Gatekeepers, etc.).

____________________________________________________________________________

____________________________________________________________________________