

Mt. Zion Northeast Coast Missionary Baptist District Association of Florida, Inc.
52nd Annual Session of the Congress of Christian Education

*Nationally accredited by the Sunday School Publishing Board of the National Baptist Convention, USA, Inc.

Rev. Michael E. Mitchell, Jr.
Moderator

Sister Lena Simpson
Women's Auxiliary, President



Dr. Quintin P. Woods, Sr.
Congress of Christian Education President

Sister Cheryl A. Brooks
Congress of Christian Education Dean

CURTIS L. WIGGINS SCHOLARSHIP CRITERIA

1. The applicant must be a member of and active in a Missionary Baptist Church which is a member of the Congress of Christian Education and giving regular to support the work of the Congress.
2. A letter of recommendation from the Pastor, (If the church is without a Pastor, the letter should come from the Church Clerk) should be sent with the application.
3. Each applicant should submit a letter of church, school and community activities along with future goals and objectives.
4. Only one application from a church should be submitted during a session of the Congress of Christian Education.
5. Complete applications should be sent to the Chairperson of the Scholarship Committee, due no later than midnight on Tuesday of this year's Congress.
6. Applications will be acted upon and awarded during that setting of the Congress.
7. The applicant should present documented proof of enrollment to an institution of higher learning before receiving scholarship funds.
8. The Scholarship Committee will make its recommendation to the Congress dependent on the number of completed applications and funds available.
9. Applicants must apply for scholarship within one year after being awarded.
10. **Deadline for Scholarship application: Tuesday, July 11, 2023. (Midnight)**

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CURTIS L. WIGGINS SCHOLARSHIP Application

Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Church Name: _____

Church Address: _____

City: _____ State: _____ Zip Code: _____

Pastor's Name: _____

High School: _____ Graduation Date: _____

Enrolling College/University or Technical College:

****Please attach to this application a statement of your involvement in your local Church, District and State Congress. Also, include a letter of recommendation from your Pastor and/or Director of Christian Education. Please be brief.**

Applicant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

RETURN THIS APPLICATION TO:

Mary E. Banks
704 Brothers Ave.
Melbourne, FL 32901-5513
(321) 723-8783