



## High School Assistance Program

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*“Education is our passport to the future, for tomorrow belongs to the people who prepare for it today.”  
~ Malcolm X*

# THE MACEDONIA BAPTIST CHURCH HIGH SCHOOL ASSISTANCE AWARD

## **Program Overview**

The Macedonia Baptist Church family is committed to assisting active students in fulfilling their dreams and aspirations as well as improving the quality of life for themselves, their families through an education. To that end, the Macedonia Baptist Church Scholarship Fund Committee established a trust in a designated amount to assist high school students who are in “good academic standing” and are experiencing financial difficulties. The student must present evidence of need when applying for the award. The check, for this “one-time only” award, will be made payable to and mailed directly to the high school as specified.

## **Eligibility Criteria**

1. Enrolled as a full-time junior or senior high school student in “good academic standing”, on the date of request for assistance.
2. Expense must be one that is unavoidable and the student has no practical means of acquiring funds by the time needed.

## **Procedure and Award Process**

1. A student requesting assistance must complete a High School Assistance Award application and prepare a detailed letter summarizing circumstances necessitating assistance, amount of funds requested, and a clear statement that explains the consequences if financial assistance is not received. Sufficient evidence of need **must be** provided to be approved for the funds. Upon completion of the application and letter, both documents should be mailed to the attention of the Chair of the Macedonia Scholarship Fund Committee at Macedonia Baptist Church, 26 Wilson Avenue, Albany, New York 12205.
2. The High School Assistance Subcommittee will review the documents and submit recommendation(s) to the Chair of the Scholarship Committee who will meet with the Pastor for discussion and decision.
3. If the request is denied, a reason will be shared with the applicant. If the request is approved, the Chair of the Macedonia Scholarship Fund will arrange for the payment to be payable to and mailed directly to the designated institution.

**Note: No high school awards shall be granted once the allocated amount in the annual Scholarship budget is exhausted.**

**MACEDONIA BAPTIST CHURCH  
HIGH SCHOOL ASSISTANCE AWARD APPLICATION**

**CONFIDENTIAL**

*Please read the Eligibility Guidelines before completing this request form.*

**Section I:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

**Section II:**

Amount of financial assistance requested: \$ \_\_\_\_\_

Date when the assistance is needed: \_\_\_\_\_

**Section III:**

Briefly state the reason assistance is necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how the financial assistance will be used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section IV:**

\_\_\_\_\_ I have read and understand the High School Financial Assistance Program Eligibility Guidelines.

\_\_\_\_\_ I authorize the Chair for the Scholarship Committee to contact any necessary third party regarding my request for financial assistance.

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For Scholarship Committee Use Only:

\_\_\_\_\_  
Approved Amount

\_\_\_\_\_  
Chair, Scholarship Committee