



1446 Lee Beard Way
Augusta, GA 30901
706-722-4999
706-722-6353 (Fax)

Dr. Sam Davis, CEO/Chairman

Jean M. Callaway, Executive Director

November 1, 2009

Greetings Counselor:

The Beulah Grove Community Resource Center (BGCRC) is a 501(c)3 not for profit community service agency operating in the 30901 zip code area of Augusta/Richmond County, Georgia since 1993. The vision for the BGCRC grew out of a collaborative effort between the Beulah Grove Baptist Church, the Community, the CSRA Partnership for Community Health, and many other community supporters, businesses, organizations and resource providers. The mission of the agency is to create and reinforce conditions in our community that address the immediate needs of the whole person, while helping individuals understand and develop a self-sufficient life.

The Beulah Grove Community Resource Center has set out to fulfill our initiative that will continue to execute our mission statement. We are elated as we approach our fourth year of the **Mattie B. Burney Scholarship**. The mission of the Mattie B. Burney Scholarship is to take a giant step forward in assisting high school seniors and college freshmen on their journey to a higher education. Miss Mattie B. Burney was an advocate for assisting students with funding who could not afford to attend college but desired to further their education. Some of Miss Burney's accomplishments include:

- T W Josey High School Alumnae
- Graduate of Benedict College(BA)
- Member of Delta Sigma Theta Sorority, Inc.
- National Association of University Women
- Rosa T. Beard Debutante Society
- The Third Thursday Book Club

To make every effort to reach our goal, a dinner will be held on **Saturday, November 6, 2010**, at 6:00pm. This dinner will honor those who will be chosen as recipients of the Mattie B. Burney Scholarship.

We request you review the enclosed information and share this package with all eligible students.

For more information, please contact Mrs. Lillie Williams or Jean Callaway at (706) 722-4999.

Sincerely,
Jean M. Callaway
Jean M. Callaway
Executive Director

Enclosures



MATTIE B. BURNEY SCHOLARSHIP GUIDELINES

Eligibility:

- Must plan to attend or be attending an accredited two year or four year college.
- Student must have a cumulative GPA of 2.5 or higher.
- Student must be a 2010 graduating senior from high school or currently a freshman in college.

Application Process:

- Essay should be written on the following: How the Mattie B. Burney Scholarship can assist me in reaching my future goals. The essay will be used as a sample of your writing and communication skills and should be no longer than 2 pages.
- Essay should be typed in Microsoft Word; the margins must be 1” inch for the top and bottom and 1” inch for the right and left margins, 12 fonts, and double spaced.
- Three letters of recommendations must be included in participant’s package.
 1. Principal, Teacher, or Professor (Must have school seal)
 2. Guidance Counselor (Must have school seal)
 3. Pastor or Community Service Leader.

All letters must be on appropriate letterhead in a sealed envelope.

Deadline:

September 17, 2010, by 5:00 PM, **no** applications packets will be received after the deadline. Any incomplete application packages received will be denied.

All applications must be mailed or hand delivered to:

The Mattie B. Burney Scholarship
C/o Beulah Grove Community Resource Center
1446 Lee Beard Way
Augusta, GA 30901

Notification:

Applicants will be notified of their status by October 1, 2010, through the postal service.



FINANCIAL AID FORM

FINANCIAL AID INSTRUCTIONS:

This scholarship is available to high school seniors and college freshmen.

Type or write legibly. Use only the space allotted. Be sure to read the separate instructions for each section. Use black or blue ink only.

STUDENT PERSONAL INFORMATION

Name _____

Home Address _____

Phone Number _____

Social Security Number _____

Date of Birth _____ Email _____

Total Number in household, including student: _____

The Mattie B. Burney Scholarship Committee does not discriminate against applicants and students on the basis of handicap, race, sex, color, religion, or national origin.

CERTIFICATION STATEMENT

Statement of Educational Purpose/Certification Statement on Default

I understand that should I withdraw during any term for which I am receiving assistance, I may be required to repay all, or a portion thereof.

Signature of Applicant

Date



SCHOLARSHIP RECOMMENDATION FORM

FOR THE MATTIE B. BURNEY SCHOLARSHIP

Guidance Counselor

The person named below is applying for a scholarship and has asked you to provide information you feel would be helpful when a designated committee of the Beulah Grove Community Resource Center reviews his/her application. The information you furnish is very important to us and will be considered confidential. **This form should be returned to the Beulah Grove Community Resource Center in a sealed envelope along with the applicant's packet and must be stamped with the school's seal.**

Section 1 (To be completed by the applicant)

Applicant should deliver form with an envelope to the reference.

Applicant's Name _____
Last First Middle

Applicant's Present Address _____

Name of Reference _____

Section 2 (To be completed by reference)

INSTRUCTIONS TO THE REFERENCE: Please fill in the requested information as you feel qualified. Place in the envelope provided and give sealed envelope to applicant to submit with application packet. Thank you for your part in this important phase of the applicant's life.

1. Please comment on the character of this applicant that is requesting scholarship assistance.

2. How long have you known the applicant? _____

3. Do you believe the applicant has the ability to attain his/her educational objectives? If no, why? _____

4. Why would you recommend the applicant for this scholarship?

(Run out of room use an additional sheet of paper)

Signature of person completing this form _____

Date _____ Student's GPA _____

Name (Print) _____

Institution _____ Daytime phone _____

Address _____

School Seal

If you have any questions about the recommendation process, please call the Beulah Grove Community Resource Center at (706) 722-4999 or email: williams@development-corp.org or jcallaway@development-corp.org

This form must be received in a sealed envelope with applicant's completed package by September 17, 2010, by 5:00 PM. Failure to return this form will result in the applicant's disqualification.

Only applicants who have the required recommendation forms submitted by the deadline will be considered for a scholarship.



SCHOLARSHIP RECOMMENDATION FORM

FOR THE MATTIE B. BURNEY SCHOLARSHIP

Pastor/Community Leader

The person named below is applying for a scholarship and has asked you to provide information you feel would be helpful when a designated committee of the Beulah Grove Community Resource Center reviews his/her application. The information you furnish is very important to us and will be considered confidential. **This form should be returned to the Beulah Grove Community Resource Center in a sealed envelope along with the applicant's packet. If this is a business the form must be stamped with company seal.**

Section 1 (To be completed by the applicant)

Applicant should deliver form with an envelope to the reference.

Applicant's Name _____
Last First Middle

Applicant's Present Address _____

Name of Reference _____

Section 2 (To be completed by reference)

INSTRUCTIONS TO THE REFERENCE: Please fill in the requested information as you feel qualified. Place in the envelope provided and give sealed envelope to applicant to submit with application packet. Thank you for your part in this important phase of the applicant's life.

1. Please comment on the character of this applicant that is requesting scholarship assistance.

2. How long have you known the applicant? _____
3. Do you believe the applicant has the ability to attain his/her educational objectives? If no, why? _____

4. Why would you recommend the applicant for this scholarship?

(Run out of room use an additional sheet of paper)

Signature of person completing this form _____
Date _____ Position: _____
Name (Print) _____
Institution _____ Daytime phone _____
Address _____

Organization Seal

If you have any questions about the recommendation process, please call the Beulah Grove Community Resource Center at (706) 722-4999 or email: williams@development-corp.org or jcallaway@development-corp.org

This form must be received in a sealed envelope with applicant's completed package by September 17, 2010, by 5:00 PM. Failure to return this form will result in the applicant's disqualification.

Only applicants who have the required recommendation forms submitted by the deadline will be considered for a scholarship.



SCHOLARSHIP RECOMMENDATION FORM

FOR THE MATTIE B. BURNEY SCHOLARSHIP

Principal/Teacher

The person named below is applying for a scholarship and has asked you to provide information you feel would be helpful when a designated committee of the Beulah Grove Community Resource Center reviews his/her application. The information you furnish is very important to us and will be considered confidential. **This form should be returned to the Beulah Grove Community Resource Center in a sealed envelope along with the applicant's packet and must be stamped with the school's seal.**

Section 1 (To be completed by the applicant)

Applicant should deliver form with an envelope to the reference.

Applicant's Name _____
Last First Middle

Applicant's Present Address _____

Name of Reference _____

Section 2 (To be completed by reference)

INSTRUCTIONS TO THE REFERENCE: Please fill in the requested information as you feel qualified. Place in the envelope provided and give sealed envelope to applicant to submit with application packet. Thank you for your part in this important phase of the applicant's life.

1. Please comment on the character of this applicant that is requesting scholarship assistance.

2. How long have you known the applicant? _____
3. Do you believe the applicant has the ability to attain his/her educational objectives? If no, why? _____

4. Why would you recommend the applicant for this scholarship?

(Run out of room use an additional sheet of paper)

Signature of person completing this form _____

Date _____ Position _____

Name (Print) _____

Institution _____ Daytime phone _____

Address _____

School Seal

If you have any questions about the recommendation process, please call the Beulah Grove Community Resource Center at (706) 722-4999 or email: williams@development-corp.org or jcallaway@development-corp.org

This form must be received in a sealed envelope with applicant's completed package by September 17, 2010, by 5:00 PM. Failure to return this form will result in the applicant's disqualification.

Only applicants who have the required recommendation forms submitted by the deadline will be considered for a scholarship.



Awarded Applicants

If the applicant is awarded a scholarship the following information **must be submitted** by **October 8, 2010** or the award will be invalid:

1. A photo with a self addressed stamp envelope to return picture
2. A descriptive paragraph of the student that should include
 1. Parents/Guardians names
 2. Where applicant currently attends school
 3. Extra curricula activities
 4. School clubs
 5. Hobbies
 6. Future goals
 7. The person or persons that have influenced the applicant's life

I have read and understand and will comply with the above information if awarded a scholarship.

Applicant's Signature

Date