

Hope Christian Center  
Tyrone Stevenson, Senior Pastor  
Touching...Teaching...Transforming...Lives

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September 2011

To Our Member Students:

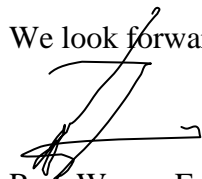
We are pleased to be able to offer an educational grant to members of Hope Christian Center. This is a privilege that only members are eligible to receive.

In order to qualify for the grant, the student must meet all of the following criteria:

1. Students must be an active member of Hope for a minimum of one year
2. Student must be currently enrolled in an undergrad course of study at an accredited school as a full time student and currently taking classes
3. Certificate or CEU courses must be directly related to the students active employment at Hope and provide a meaningful benefit to the ministry
4. Student must actively participate in one of the ministries or volunteer opportunities at Hope during the grant year
5. Student must regularly and consistently participate in the financial support of the church.

The grant application is available for download at [http://www.hopetouch.org/HopeForms/2011/Educational Grant Application.pdf](http://www.hopetouch.org/HopeForms/2011/EducationalGrantApplication.pdf). The application can be completed, saved and emailed to directly to me at [wefrazier@hopechristiancenter-nyc.org](mailto:wefrazier@hopechristiancenter-nyc.org), faxed to 1-718-240-1754 or mailed to the church P.O. Box 70131, Brooklyn NY 11207.

We look forward to sowing into your education,



Rev. Wayne E. Frazier  
Director of Assimilation and Technology.

**Hope Christian Center**  
**Tyrone Stevenson, Senior Pastor**  
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2011 Educational Grant Application

Personal Information			
Last Name:	First Name:	Student ID:	
Address:		Apt:	
City:	State:	Postal:	
Telephone:		Email:	
School Information			
Name of School:			
Address of School:			
Registrar's Name:		Telephone Number:	
Major:		Year of Study:	
Church Membership			
How long have you been a member of HCC:			
What ministries are you a member of?			
Ministry:		From:	To:
Ministry:		From:	To:
What volunteer opportunities have you engaged in?			
Opportunity:	Leader's Name:	From:	To:
Opportunity:	Leader's Name:	From:	To:
Opportunity:	Leader's Name:	From:	To:

By signing below, I hereby authorize the staff of Hope Christian Center to verify the information provided. Verification may include but is not limited to contacting the school registrar's office for confirmation. I understand that this application does not guarantee award of a grant, and amount of grants distributed is at the discretion of the Church Council. I also understand that if awarded, the grant will be disbursed in 2011. **Applications received after September 30, 2011 will not be considered.**

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Signature

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Date