



Emergency 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 EMERGENCY ASSISTANCE AWARD

Program Overview

The Macedonia Baptist Church family is committed to assisting active student members of the congregation in fulfilling their dreams and aspirations as well as improving the quality of life for themselves, their families and the faith community through an education. To that end, the Macedonia Baptist Church Scholarship Fund Committee established a trust in a designated amount to assist college students who are in “good academic standing” and are experiencing financial difficulties. The student must present evidence of need, which, if not met, would require the student to drop out of school or drop a required course. The check, for this “one-time only” award, will be made payable to and mailed directly to the college/university or technical school as specified.

Eligibility Criteria

1. Enrolled and matriculated as a full-time or part-time student in “good academic standing” at an accredited college/university or technical school, on the date of request for emergency assistance.
2. Have a financial need and be an active youth member of Macedonia Baptist Church.
3. Expense must be one that was unanticipated and/or unavoidable, such as planned funding for the expense failed to materialize; or funding received is significantly less than what was anticipated.

Procedure and Award Process

1. A student requesting assistance must complete an Emergency Assistance Award application and prepare a detailed letter summarizing circumstances of the emergency, 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 emergency funds. Upon completion of the application and letter, both documents should be mailed to Macedonia Baptist Church, Attention: Chair of the Macedonia Scholarship Fund Committee, 26 Wilson Avenue, Albany, New York 12205.
2. The Emergency 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 emergency awards shall be granted once the allocated amount in the annual Scholarship budget is exhausted.

MACEDONIA BAPTIST CHURCH EMERGENCY 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 emergency, financial assistance requested: \$ _____

When is the assistance needed: _____

Section III:

Describe the crisis causing your financial emergency: _____

Describe what the emergency financial assistance will be used for (feel free to attach additional documentation):

Section IV:

_____ I have read and understand the Emergency Financial Assistance Program Eligibility Guidelines.

_____ I authorize the Chair for the Scholarship Committee to contact any necessary third party regarding my financial emergency.

In consideration of the generosity of the Macedonia funding, I understand that recipients are strongly encouraged to contribute back to the scholarship fund when they are financially able in order to assist other students who are experiencing similar circumstances.

I give the Macedonia Scholarship Committee permission to use my circumstances (without names or other identifying information) as examples of the types of students who benefitted from the Emergency Financial Assistance Program for use in their future fundraising efforts.

Student's signature: _____ Date: _____

For Scholarship Committee Use Only:

Approved Amount

Chair, Scholarship Committee