# **APPLICATION**

**BROWN MISSIONARY BAPTIST CHURCH** 

YOUTH INITIATIVE PROGRAM

# Brown Youth Initiative

Developing Servant Leaders



2020

Brown Baptist Church 980 Stateline Rd. Southaven, MS 38671 Pastor Bartholomew Orr byi@brownbaptist.org 662.796.2287

FAX: 662.796.2288

Brown Missionary Baptist Church exists to *Exalt Our Savior* through inspiring and informative worship, to *Edify the Saints* through biblical teaching, to *Evangelize the Sinners* through faithful witness, and to *Exhibit Godliness* through a positive presence in our community. The Brown Youth Initiative Program is committed to the values of our mission. The goal of the Brown Youth Initiative is to give students ages 15-20 an opportunity to develop job skills while enhancing their education and community relations. The program is funded by Brown Baptist Church, Payroll is electronically processed through the ACTS Career Center on a bi-weekly basis.

# Brown Youth Initiative Participation Guidelines BYI Application Deadline: April 15, 2020

Applications are considered for approval on a first come first serve basis. . Once the determined quota of approved applications are reached, remaining applicants will be placed on reserve standby status. Incomplete or late applications will not be considered

|   | mpleted applications must be submitted to ACTS Career Center by April 15, 2020  Participant must be between 15 and 20 years of age at application  |
|---|--|
|   | deadline date.  Must submit two letters of recommendation from adult. Participant must be in good academic standing (High School or College) with a 2.0 cum  |
|   | GPA or higher / Must enclose a copy of your report card or transcript.  Tutoring assistance is available: Email an inquiry to:   |
|   | education@brownbaptist.org   |
|   | A minimum of 4 hours of Volunteer Service must be completed and turned in with your application. Volunteer opportunities are available through the   |
|   | following ministries: Brown Youth Initiative Planning Team. Brown  |
|   | Baptist Volunteer Ministry (volunteer@brownbaptist.org), GROW Ministry.  |
|   | BMBC Farm Project, ACTS Career Center, INC , Computer Class Assistance. Contacts ACTS 662.796.2287   |
| П | Applicant must include a one page resume with the application. If  |
|   | resume writing assistance is needed, Google "high school resume" or "teen resume) contact ACTS Career Center at 662.796.2287 or visit our  |
|   | website actscareercenter.org   |
|   | Participant must have an active bank account.  |
|   | Participant must not exceed 120 work hours within program dates June 1 through June 298 2019 at \$8.50 per hour.   |
|   | Participant is encouraged to not have other employment during specified program dates.   |
|   | Return BYI application to Acts Career Center or email to: byi@brownbaptist.org   |
|   | * Incomplete applications will not be considered for participation. If selected, an acceptance letter will be provided. Attendance is <u>mandatory</u> to one of the BYI   |
|   | Orientations in 2020. A parent or guardian must attend with first time participants.  Employment assignments will not be issued to participants with incomplete forms, pending payroll or banking documentation. |

Date Completed\_\_\_\_\_

| PERSONAL INFORMATION  |                  |           |           |                          |              |                               |                 |  |
|---|------------------|-----------|-----------|--------------------------|--------------|-------------------------------|-----------------|--|
| LAST NAME   |                  |           |           | FIRST NAME               |              | M.I.                          | PHONE #         |  |
| DATE OF BIRTH Age   |                  |           |           | STUDENT STATUS: FRESHMAN |              | ☐ SOPHOMORE ☐ JUNIOR ☐ SENIOR |                 |  |
| EMAIL ADDRESS:  |                  |           |           |                          | MAJOR        |                               | ADUATION<br>TE: |  |
| HOME A  | DDRESS           |           |           | PARENT SECTION           |              |                               |                 |  |
| STREET  |                  |           |           | PARENT                   | rs Name :    |                               |                 |  |
| CITY  |                  | STATE     | ZIP       | CITY                     |              |                               | STATE           | ZIP                                    |
| HOME PHONE#   |                  | PARI<br>( | ENT CELL# | L# PARENTS EMAIL ADDRESS |              |                               |                 |  |
| FOR PARENTS: Does the applicant require special accomodations, have special needs or disabilities?  Please describe:        |                  |           |           |                          |              |                               |                 |  |
| EMPLOYMENT INFORMATION  |                  |           |           |                          |              |                               |                 |  |
| ARE YOU A U.S. CITIZEN?   | ARE YOU<br>BMBC? | J A MEMBE | D OE      |                          |              |                               | KED FOR THE BY  | YI PROGRAM?                            |
| ☐ YES ☐ NO  | YES              | □No       |           | YES                      | IF YES HOW M | ANY YE                        | ARS             | NO                                     |
| IF YES, PLEASE LIST THE NAME OF THE BYI PARTNERING COMPANY AND SUPERVISOR.  DESCRIBE WHAT YOU LEARNED AND YOUR DUTIES THERE |                  |           |           |                          |              |                               |                 | O YOU LIKE TO<br>RN THERE IN<br>YES NO |

| SPECIAL JOB SKILLS  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| SKILL   | PLEASE DESCRIBE  |  |  |  |  |  |
| ☐ TYPING  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| □LANGUAGES  |  |  |  |  |  |  |
| OTHER   |  |  |  |  |  |  |
| WHAT ARE YOUR LONG TERM CAREER G  | OALS?  |  |  |  |  |  |
| PLEASE LIST ALL ZIP CODES THAT YOU W                                    | TILL BE ABLE TO REPORT WORK TO                                   |  |  |  |  |  |
| WHAT TYPE OF WORK WOULD YOU LIKE  | TO DO THIS SUMMER?   |  |  |  |  |  |
| AGRICULTURE PROJECT:  |  |  |  |  |  |  |
| DO YOU ENJOY BEING OUTDOORS   | DO YOU HAVE OUTDOOR ALLERGIES?                                   |  |  |  |  |  |
| WOULD YOU LIKE TO LEARN HOW TO OP                                       | ERATE A BUSINESS OR OWN YOUR OWN BUSINESS?                       |  |  |  |  |  |
| ARE YOU INTERESTED IN AGRICULTURE,                                      | COOKING, HEALTHY EATING OR GROWING VEGETABLES, FLOWERS OR FRUIT? |  |  |  |  |  |
| WOULD YOU LIKE TO LEARN MORE ABOU                                       | T REDUCING HUNGER AND FOOD DISPARITY?                            |  |  |  |  |  |
| WOULD YOU LIKE TO LEARN MORE ABOUT GROWING VEGETABLES & HEALTHY EATING? |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |

|                            | EXPERIENCE / VOLUNTEER WORK/EX |   |
|----------------------------|--------------------------------|---|
| MPLOYER NAME AND<br>DDRESS | JOB TITLE AND RESPONSIBILITIES | DATES EMPLOYED                                    |
|                            |                                | FROM:   |
|                            |                                | ТО:   |
|                            |                                | AVERAGE<br>NUMBER OF<br>HOURS WORKED<br>PER WEEK: |
| MPLOYER NAME AND<br>DDRESS | JOB TITLE AND RESPONSIBILITIES | DATES EMPLOYED                                    |
|                            |                                | FROM:   |
|                            |                                | то:   |
|                            |                                | AVERAGE<br>NUMBER OF<br>HOURS WORKED<br>PER WEEK: |
| MPLOYER NAME AND<br>DDRESS | JOB TITLE AND RESPONSIBILITIES | DATES EMPLOYED                                    |
|                            |                                | FROM:   |
|                            |                                | то:   |
|                            |                                | AVERAGE<br>NUMBER OF<br>HOURS WORKED<br>PER WEEK: |

|           | PLEASE SIGN BELOW |
|-----------|-------------------|
| SIGNATURE | DATE              |
|           |                   |

#### RETURN WITH YOUR APPLICATION

# **Brown Missionary Baptist Church**

Youth Initiative Program

## **Adult Character Reference Form II**

Cannot be a family member.

i.e. School administration or teachers, Ministry leaders, etc.

| This section is to be comp  | leted by applicant:       |                    |                      |                             |                      |
|---|---------------------------|--------------------|----------------------|-----------------------------|----------------------|
| Name:   | Telephone:                |                    |                      |                             |                      |
| Address:  |                           |                    |                      |                             |                      |
|   |                           |                    |                      |                             |                      |
| The above named applicant is ap   |                           |                    |                      | outh Initiative Program and | d has named you as a |
| reference. After completing this f  | orm, please return to app | licant immediately | <b>):</b>            |                             |                      |
| Name  |                           |                    |                      |                             |                      |
| Title   |                           |                    | _                    |                             |                      |
| 1. How many years   | s have you known t        | he applicant?      |                      |                             |                      |
| In what relationship?   |                           |                    |                      |                             |                      |
| 2. Rank the applicant in the following areas:                               |                           |                    |                      |                             |                      |
|   | Ab<br>Avei                | Avers              | nge Below<br>Average | Not<br>Observed             |                      |
| Communication   | on Skills o               | 0                  | o                    | 0                           |                      |
| Decision Mak  | ing Ability o             | 0                  | o                    | 0                           |                      |
| Leadership Ab   | oility                    | 0                  | o                    | 0                           |                      |
| Dependability   | o                         | 0                  | 0                    | o                           |                      |
| 3. Do you: Recommend Recommend with Reservation Not Recommend  4. Comments: |                           |                    |                      |                             |                      |
|   |                           |                    |                      |                             |                      |
| If you would like to  | o discuss this app        | licant please      | email us at by       | vi@brownbaptist.o           | <u>rg</u>            |
|   |                           |                    |                      |                             |                      |
| Reference's Signature   |                           |                    |                      | Date                        |                      |

### RETURN WITH YOUR APPLICATION

# **Brown Missionary Baptist Church**

Youth Initiative Program

# **Adult Character Reference Form II**

Cannot be a family member i.e. School administration or teachers, Ministry leaders, etc.

| This section is to be completed by applicant:   |                      |                          |                    |
|---|----------------------|--------------------------|--------------------|
| Name:   | Telephone:           |                          |                    |
| Address:  |                      |                          |                    |
|   |                      |                          |                    |
| The above named applicant is applying for admission to the Brown Missiona reference. After completing this form, please return to applicant immediately |                      | h Initiative Program and | has named you as a |
| - J   |                      |                          |                    |
| Name  |                      |                          |                    |
|   |                      |                          |                    |
| T:41.   |                      |                          |                    |
| Title   | _                    |                          |                    |
|   |                      |                          |                    |
| 5. How many years have you known the applicant?   |                      |                          |                    |
|   |                      |                          |                    |
| In what relationship?   |                      |                          |                    |
| C. Paul the coefficient to the falls of the coefficient   |                      |                          |                    |
| 6. Rank the applicant in the following areas:   |                      |                          |                    |
| Above<br>Average Aver   | age Below<br>Average | Not<br>Observed          |                    |
| Communication Skills o o  | 0                    | 0                        |                    |
| Decision Making Ability o o   | o                    | o                        |                    |
| Leadership Ability o o  | 0                    | 0                        |                    |
| Dependability o o   | 0                    | O                        |                    |
|   |                      |                          |                    |
| 7. Do you: Recommend Recommend w  | ith Reservation      | Not Recommer             | nd                 |
| 8. Comments:  |                      |                          |                    |
| If you would like to discuss this applicant please  | email us at byi      | abrownbaptist.org        | o                  |
| II you would like to discuss this apprount prouse   | <u> </u>             | <u> </u>                 | 2                  |
|   |                      |                          |                    |
|   |                      |                          |                    |
| Reference's Signature   |                      |                          |                    |

BYI Volunteer Certification form must be signed by an authorized representative.

| BYI Participant:                      |  |
|---------------------------------------|--|
|                                       |  |
| Volunteer Site/Event:                 |  |
|                                       |  |
| Volunteer Hours:                      |  |
|                                       |  |
| Volunteer Service Dates:              |  |
|                                       |  |
| Participant's Signature:              |  |
| Ministry/Agency Signature and Printed |  |
| Name :                                |  |
| Phone Number:                         |  |

\* All BYI participants are required to volunteer 4 hours. Cannot be combined with other ministry hours.

PLEASE SUBMIT COMPLETED FORM WITH BYI APPLICATION

### STEVEN D MORGAN

#### **SCHOLARSHIP GUIDELINES**

### QUALIFICATIONS:

- Applicant must have a current completed Brown Youth Initiative application on file and have met all requirements
- Applicant must remain in BYI throughout the duration of the program and remain in good standings

#### RULES:

- Entry may be hand-delivered or emailed to <u>BYI@brownbaptist.org</u> with subject line **STEPHEN D** MORGAN SCHOLARSHIP ENTRY
- Entry must be at least one paragraph in length, but no more than one page
- Only one (1) entry per applicant per program year
- Entry must be submitted no later than 11:59 pm on April 15, 2020
- Entry must be typed in Times Roman pt. 12 format and double-spaced.
- Entry must include the applicant's full name, email address and contact telephone number in the upper right corner.
- There will be no acceptance of the scholarship application after the deadline. NO EXCEPTION

#### MERITS:

The winner will be judged on the following equal parts:

**TOPIC:** Describe a time in detail when you contributed to someone's well-being either, financially, emotionally, physically or spiritually.

**Self-Awareness**- Did the applicant demonstrate a strong wiliness to contribute to their fellow man? Did the applicant provide information of how their effort contributed to the betterment of the issue at hand?

**Strength of Purpose** – Did the applicant demonstrate courage and persistence?

Scholarship amount will be determined based on the amount received for this purpose. The winner of the scholarship will be held secretly and announced at the 2020 BYI Luncheon. The scholarship amount for one (1) winner will not exceed \$250.00.