



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

Dr. Sam Davis, CEO/Chairman

Jean M. Callaway, Executive Director

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Greetings Applicant:

This year 2010, Beulah Grove Community Resource Center (BGCRC) in partnership with the University of Phoenix is pleased to announce the **Mattie B. Burney Adult Learning Scholarship**. This scholarship will afford an adult who has wanted to return to school but did not know how or where the money would come from to make that dream a reality. This is a full scholarship to the University of Phoenix, including the cost of books and is earmarked for an individual looking to receive their first undergraduate degree and who desires to grow academically in the field of their choice.

To make every effort to reach our goal, a dinner will be held on **Saturday, November 6, 2010**, at 6:00pm. During this dinner, we will honor other scholarship recipients as well as the recipient of the Mattie B. Burney Adult Learning Scholarship.

The Beulah Grove Community Resource Center is a 501(c)3 not for profit community service agency of Augusta/Richmond County, Georgia operating since 1993. The vision for 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 the community that address the immediate needs of the whole person, while helping individuals understand and develop self-sufficient lives.

The purpose of the Mattie B. Burney Adult Learning Scholarship is to assist an adult in achieving his/her goal on the 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 (Augusta, GA) 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

Please review the enclosed information and share this package with all eligible and interested adults.

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 ADULT LEARNING SCHOLARSHIP GUIDELINES**

### **Eligibility:**

- Applicant must be seeking their **first** undergraduate degree
- Must be accepted to the University of Phoenix upon receiving scholarship (If recipient is denied acceptance into the program, the scholarship is voided and will be granted to another applicant).
- Applicant must have a high school diploma or completed a certified GED program with proper documentation
- Applicant must be at least 25 years of age or older
- Applicant must be a member of the Beulah Grove Baptist Church (Augusta, GA)
- Applicant must have at least one year of consistent community service within the community

### **Application Process:**

- Applicant must write an essay (no more than 3 pages) which describes:
  1. How you will benefit from the Mattie B. Burney Adult Learning Scholarship
  2. Why you think you should be selected as the recipient of the Mattie B. Burney Adult Learning Scholarship
  3. Your community involvement
  4. Ministry participation at church
- 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 point font, double spaced. **NOTE:** Include your name on the coversheet ONLY (Do not include your name in or anywhere on the essay)
- Two letters of recommendations must be completed by the following (One must come from a community service agency and a choice between numbers two and two for the other recommendation letter):
  1. Community Service Agency
  2. Employer or immediate supervisor, if applicable
  3. A friend or ministry member
- **All recommendation letters must be on appropriate letterhead in a sealed envelope.**

**Deadline:**

April 16, 2010, by 5:00 PM. **No** applications will be received after the deadline. Any incomplete application packets will be denied.

**All applications must be mailed or hand delivered to:**

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

**Notification:**

Applicants will be notified of their status by May 1, 2010, in writing (regular mail).

**NOTICE: Statement of Educational Purpose/Certification  
Statement on Default**

I understand that should I withdraw during any term of school for which I am receiving or have received assistance, I will be required to repay all funds allocated from the initial date of start until the day of withdrawal for my education endeavor at University of Phoenix.



## FINANCIAL AID FORM

### FINANCIAL AID INSTRUCTIONS:

This scholarship is available to an adult interested in obtaining their undergraduate degree from the University of Phoenix.

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: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-mail \_\_\_\_\_

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 of school for which I am receiving or have received assistance, I will be required to repay all funds allocated from the initial date of start until the day of withdrawal for my education endeavor at University of Phoenix.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## SCHOLARSHIP RECOMMENDATION FORM

FOR THE MATTIE B. BURNEY ADULT LEARNING SCHOLARSHIP

### Community Service Agency (Required)

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 with the person completing the form signing the envelope across the seal on the outside.**

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**Section 1 (To be completed by the applicant)**

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Applicant should deliver form with an envelope to the reference.

Applicant's Name \_\_\_\_\_  
*Last First Middle*

Applicant's Present Address \_\_\_\_\_

Name of Reference \_\_\_\_\_

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**Section 2 (To be completed by reference)**

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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.

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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?

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*(Use additional sheets of paper if needed)*

Signature of person completing this form \_\_\_\_\_

Date \_\_\_\_\_

Name (Print) \_\_\_\_\_

Institution \_\_\_\_\_ Daytime phone \_\_\_\_\_

Address \_\_\_\_\_

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

**This form must be received in a sealed envelope with applicant's completed package by April 16, 2010, by 5:00 PM. Failure to return this form will result in the applicant's disqualification from consideration.**

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



## SCHOLARSHIP RECOMMENDATION FORM

FOR THE MATTIE B. BURNEY ADULT LEARNING SCHOLARSHIP

### Employee or Immediate Supervisor

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 with the person completing the form signing the envelope across the seal on the outside.**

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**Section 1 (To be completed by the applicant)**

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Applicant should deliver form with an envelope to the reference.

Applicant's Name \_\_\_\_\_  
*Last First Middle*

Applicant's Present Address \_\_\_\_\_

Name of Reference \_\_\_\_\_

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**Section 2 (To be completed by reference)**

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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.

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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?

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*(Use additional sheets of paper if needed)*

Signature of person completing this form \_\_\_\_\_

Date \_\_\_\_\_ Position: \_\_\_\_\_

Name (Print) \_\_\_\_\_

Institution \_\_\_\_\_ Daytime phone \_\_\_\_\_

Address \_\_\_\_\_

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

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## SCHOLARSHIP RECOMMENDATION FORM

FOR THE MATTIE B. BURNEY ADULT LEARNING SCHOLARSHIP

### Friend or Ministry Member

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 with the person completing the form signing the envelope across the seal on the outside.**

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**Section 1 (To be completed by the applicant)**

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Applicant should deliver form with an envelope to the reference.

Applicant's Name \_\_\_\_\_  
*Last First Middle*

Applicant's Present Address \_\_\_\_\_

Name of Reference \_\_\_\_\_

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**Section 2 (To be completed by reference)**

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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.

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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?

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*(Use additional sheets of paper if needed)*

Signature of person completing this form \_\_\_\_\_

Date \_\_\_\_\_ Position \_\_\_\_\_

Name (Print) \_\_\_\_\_

Institution \_\_\_\_\_ Daytime phone \_\_\_\_\_

Address \_\_\_\_\_

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

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