

For Office Use Only:

St. Paul Date _____

Month _____

Year _____

*Saint Paul African Methodist Episcopal Church
6910 New Kings Road
Jacksonville, Florida 32219
Reverend Dr. Marvin C. Zanders, II, Pastor*

VERIFICATION OF MINISTRY PARTICIPATION

Dear Ministry Chairperson: A member of your ministry has applied for a Saint Paul Scholarship and needs your assistance as described below. Please provide the information requested and return the completed form to the Education and Scholarship Commission. Verification of the applicant's ministry participation is vital to the application process. Thank you for your cooperation.

PLEASE PRINT

Applicant's Name: _____
Last First Middle Initial

Address _____ **City** _____ **State** _____ **Zip** _____

Phone: Day: _____ **Evening:** _____

Information provided on behalf of the _____ Ministry.

Number of years the applicant has participated in the ministry: _____

Leadership position (s) the applicant has held in the ministry: _____

Level of Participation: ___ Poor ___ Average ___ Above Average ___ Excellent

Additional Comments:

Chairperson's Signature: _____ **Date:** _____
(Must be signed by Ministry Chair or his/her representative)