

# SCHOLARSHIP APPLICATION



Deadline for submission: **Saturday, May 21** at 5:00 PM  
Deliver in person or by email: [spencer@spencerbaptist.com](mailto:spencer@spencerbaptist.com)

Name of Applicant \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address: \_\_\_\_\_

Give the date you became a member of Spencer Baptist Church \_\_\_\_\_

Parents' Names and Address \_\_\_\_\_

\_\_\_\_\_

College you will attend next fall \_\_\_\_\_

College Address \_\_\_\_\_

\_\_\_\_\_

Name, address and telephone number of the Financial Aid Officer at your college:

\_\_\_\_\_

\_\_\_\_\_

Your classification next fall: Graduate Student Senior Junior

Sophomore Freshman

Will you be living: On Campus With Parents Independently

Marital Status: Single Married Number of Dependents: \_\_\_\_\_

What is your cumulative grade point average? \_\_\_\_\_  
(indicate if this is high school GPA or college GPA)

What is your desired area of study? \_\_\_\_\_

Schools Previously Attended (Give Dates): High School \_\_\_\_\_

Colleges and Universities \_\_\_\_\_

\_\_\_\_\_

**Church Activities: Either Spencer Baptist Church or the church you attend while at school. (Attach additional pages if needed):**

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**School Activities and Honors (Attach additional pages if needed):**

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**Community Service Activities (Attach additional pages if needed):**

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**Employment Information (List your employment history with dates):**

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**ESSAY QUESTION**

**On a separate sheet of paper write a statement telling why you are applying for the scholarship, your education and career goals and any special needs or financial difficulties you would like the Student Financial Assistance Committee to consider. (Please type)**

**APPLICATION STATEMENT:**

The information provided in my application has been completed by me, the applicant, and to the best of my knowledge, it is complete and accurate. I further understand that the information provided in this application will be held in confidence by the Student Financial Assistance Committee.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

