SCHOLARSHIP APPLICATION

Deadline for submission: Friday, May 10th at noon Deliver in person or by email: spencer@spencerbaptist.com



Name of Applicant		
Home Address		
Cell Phone		
E-mail address:		
Give the date you became a member of Spencer Bap (if you do not know the date, please list your age or grade whe	en you joined)	
Parents' Names and Address (if address is different from	yours)	
Name of college you will attend next fall		
Your College Address		
Circle: Grad Student Senior Junior	Sophomore	Freshman
Will you live on campus, at home, or independently?		
Are you Single or Married? Nu	mber of Dependen	ts:
Current grade point average?		
What is your desired area of study?		
High School Attended		
How are you involved in a faith community (either at school)? How is your faith part of your everyday life		
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Pg. 2, Name:
Most Recent School Activities and/or Honors (Attach additional pages if needed):
Include a <u>typed</u> paragraph/essay explaining why you are applying for the scholarship, your education/career goals, and any special needs or financial difficulties you would like the Student Financial Assistance Committee to consider. You can use the space below or attach an additional page. Please pay attention to spelling and grammar.
*If you do not complete & attach an essay, your application will not be accepted.
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: (If completing a digital version, your typed name will serve as your signature)
DATE:

