

# Tabernacle Baptist Church Memorial Scholarship Fund

**Application deadline – July 25, 2021**

**TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES**

**Completeness and neatness ensure your application will be reviewed properly.**

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**For TBC Use Only**

ID #	School Data	Church Experience	Work Experience	Awards, Honors	Goals	Circumstances	References	Transcript	Total

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**APPLICANT DATA**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**PARENT OR SPOUSE INFORMATION**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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**HIGH SCHOOL DATA**

School Name: \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone: \_\_\_\_\_

Type of Diploma: \_\_\_\_\_

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**POST SECONDARY SCHOOL DATA**

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.) Use official school names. Do not use abbreviations.

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_ 4 yr College or University

\_\_\_\_ 2 yr. Community or Junior College

Year in school **next** year:

\_\_\_\_ Vocational-Technical School

1 2 3 4 5 or Graduate Study

\_\_\_\_ Seminary

\_\_\_\_ Other, explain \_\_\_\_\_

Major or course of study: \_\_\_\_\_ Expected college graduation date: Month \_\_\_\_\_ Year \_\_\_\_\_

Degree sought: \_\_\_\_\_ Doctor \_\_\_\_\_ Master \_\_\_\_\_ Bachelor \_\_\_\_\_ Associate \_\_\_\_\_ Certificate

Other: \_\_\_\_\_

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If space provided in any section is inadequate, you may continue on additional sheets of paper using the same format. DO NOT repeat information already reported on the application form. Your name address and the name of this scholarship program should be included on all attachments.

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**CHURCH EXPERIENCE**

Describe your activities and service (e.g., Sunday School Teacher, Youth Choir Member, and/or Youth Activities Committee) during the last four years as a member of Tabernacle Baptist Church.

Ministry	Position	From – Mo/Yr	To-Mo/Yr

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**WORK EXPERIENCE**

Describe your work experience during the last four years (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate number of hours worked each week.

Employer	Position	From – Mo/Yr	To-Mo/Yr	Hrs/week

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**ACTIVITIES, AWARDS, AND HONORS**

List all school activities in which you have participated during the past four years (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the past four years (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. Indicate whether high school, college, or seminary activities.

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

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**GOALS AND ASPIRATIONS**

Make a brief statement of your plans as they relate to your educational and career objectives and long-term goals.

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**UNUSUAL CIRCUMSTANCES**

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, church, work experience, or your participation in school, church or community affairs. Please provide a description of your financial need if any.

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**REFERENCES**

Please list up to three references that the Scholarship Committee may contact to discuss your application.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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**TRANSCRIPT INFORMATION**

An official transcript of grades must be sent with this application. On-line transcripts and grade reports are not acceptable.

Students currently or previously enrolled in college, vocational-technical school or seminary must include all college, vo-tech, or seminary transcripts of grades from each school attended. (Completion of number 2 below is not necessary.)

High school seniors and students who have completed less than one full quarter or semester of post-secondary education must include a high school transcript of grades and have this section completed by the appropriate school official. (A clear explanation of the school's grading scale must also be submitted.)

Applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_.

Cumulative Grade Point Average:      Weighted: \_\_\_\_\_ /4.0 scale      Unweighted: \_\_\_\_\_ /4.0 scale

PSAT:    Verbal \_\_\_\_\_      Math \_\_\_\_\_

SAT 1    Verbal \_\_\_\_\_      Math \_\_\_\_\_

ACT      Verbal \_\_\_\_\_      Math \_\_\_\_\_

School official's signature: \_\_\_\_\_ Date \_\_\_\_\_

Title: \_\_\_\_\_ Telephone \_\_\_\_\_

**CERTIFICATION**

The Scholarship/Benevolence Committee of Tabernacle Baptist Church Memorial Scholarship Fund has the sole responsibility for selecting recipients based on criteria as set forth in this program's description. This application becomes the property of the Committee. It is recommended that you keep a copy for your files.

*I acknowledge decisions of the Committee are final. I certify that I meet the basic eligibility requirements of the program as described in the program description and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information. I have given on this form. Falsification of information may result in termination of any scholarship granted.*

Applicant's signature: \_\_\_\_\_ Date \_\_\_\_\_