



First Baptist
Greenville

First Baptist Church, Greenville

Academic Scholarship RENEWAL Application

Complete this application in its entirety and return to Sarah Carter by mail or email no later than *Sunday, April 13, 2025*. If an answer to a question is not applicable, please so state. Applications submitted incomplete will not be reviewed by the committee and may result no scholarship.

Personal

Applicant Name _____
First Last Middle Initial

Applicant Address _____
Street and/or P.O. Box

City State Zip

Phone () _____ | () _____ | () _____
home cell work

Email Address _____

Preferred Contact Method: *circle all that apply* Phone (specify #) / Text / Email

Marital Status: Single / Married / Divorced | Spouse's Name: _____
(Circle one) (if married)

Names and ages of dependent children _____

Parent/ Guardian N/A

Parent/Guardian's Name _____

Parent/Guardian's Address _____
(If different from applicant)

Parent/Guardian's preferred contact method _____

Parent/Guardian's Name _____

Parent/Guardian's Address _____
(If different from applicant)

Parent/Guardian's preferred contact method _____

Education

High School _____ Expected or Graduation Date _____
GPA _____

College _____

Major _____ Minor _____

GPA _____ Expected or Graduation date _____

Graduate/Seminary School _____

Focus _____
Expected or Graduation date _____

Financial

1) Will your parent(s), a guardian, spouse or relative(s) provide any financial assistance? _____. If yes...
(Yes / No)

(A) Provider's Name _____

Relationship to applicant _____

Address, primary contact info _____

Employer _____ Part time / Full Time
(circle one)

Occupation _____

Does this person have other dependents that they are supporting? If yes, how many? _____

Please list the name, age, and relationship of each dependent along with type of support being provided.

(B) Provider's Name _____

Relationship to applicant _____

Address, primary contact info _____

Employer _____ Part time / Full Time
(circle one)

Occupation _____

Does this person have other dependents that they are supporting? If yes, how many? _____

Please list the name, age, and relationship of each dependent along with type of support being provided.

2) Do you plan to finance part of your education with a job? _____. If yes...
(Yes / No)

Employer _____ Part time / Full Time
(circle one)

Occupation _____

Days / Hours you will work during a typical week _____

3) If you have received financial assistance from scholarships, grants, etc., please list.

	Scholarship Name	Amount Awarded
(1)	_____	_____
(2)	_____	_____
(3)	_____	_____

4) Please provide your family income from last year.

Mark the range of your family's income last calendar year.

\$20,000 - \$40,000	
\$40,001- \$60,000	
\$60,001 - \$80,000	
\$80,001- \$100,000	
\$100,000 +	

Financial Continued

5) Did you or your family have any extraordinary expenses or debts last year? If yes, explain.

For what academic period are you requesting assistance? Please indicate dates.

_____ - _____ or _____
month/year month/year (specific term)

Please fill in the information below, as best you can, **according to the time period listed above** to help us understand your estimated financial budget.

Available Income for College

Personal Contribution \$ _____
 Contribution from parents \$ _____
 Contribution from others \$ _____
 Spouses's Income \$ _____
 Amount of Scholarships and/or Grants Received \$ _____
 Other (*explain*) \$ _____
Total \$ _____

Expenses

Tuition/Fees \$ _____
 Books/Supplies \$ _____
 Living Expenses \$ _____
 Other (*explain*) \$ _____
Total \$ _____
Total Need \$ _____

(Total Expenses minus Total Income)

On a separate sheet of paper, describe how your scholarship has benefited you this past year and how you hope it will continue to benefit your studies this upcoming academic year.

Is there any additional information which might have importance to the selection committee?

If awarded a scholarship, it will to help us to process funds if you will please provide the following information:

Your Student ID # _____ (*if known*)

Where to send payment(s). Please specify a department (if applicable).

Checks cannot be distributed to recipients; they must be made payable and sent to the school.

References

Please provide the names and contact information for 3 references, *not related to you*.

(1) Name _____
Address _____
Phone Number _____ Email _____
Relationship to Applicant _____

(2) Name _____
Address _____
Phone Number _____ Email _____
Relationship to Applicant _____

(3) Name _____
Address _____
Phone Number _____ Email _____
Relationship to Applicant _____

By signing below, I certify, to the best of my knowledge, that all of the information on this application is true and accurate. I understand that all my information is kept strictly confidential and scholarships are awarded on a need basis and by funds available.

Applicant Signature: _____ Date: _____

Scholarship applications for the 2025-2026 academic year must be completed, signed and returned no later than **Sunday, April 13, 2025**. Applications can be mailed or emailed to Sarah Dunn at First Baptist Greenville. Sarah.dunn@firstbaptistgreenville.com

First Baptist Church
847 Cleveland Street
Greenville, SC 29601