



# First Baptist Church, Greenville

## Academic Scholarship 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 in 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 your career goals and aspirations along with what inspired you to choose them. What attributes do you possess that you feel will help achieve your goals? If applicable, please include descriptions of any activities or programs (*church, service-oriented, community-related, academic, athletic, cultural, occupational, etc.*) in which you are involved, along with any accomplishments or awards you have received that helped encourage and guide you to this decision.

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 fully 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](mailto:Sarah.Dunn@firstbaptistgreenville.com)

First Baptist Church  
847 Cleveland Street  
Greenville, SC 29601