



# 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 12, 2026***. 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.

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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 ( <i>explain</i> )	\$ _____
<b>Total</b>	<b>\$ _____</b>

**Expenses**

Tuition/Fees	\$ _____
Books/Supplies	\$ _____
Living Expenses	\$ _____
Other ( <i>explain</i> )	\$ _____
<b>Total</b>	<b>\$ _____</b>
<b>Total Need</b>	<b>\$ _____</b>

(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?

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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.*

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## **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 \_\_\_\_\_

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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: \_\_\_\_\_

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Scholarship applications for the 2026-2027 academic year must be completed, signed and returned no later than **Sunday, April 12, 2026**. 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