



First Baptist
Greenville

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 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 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 +	_____

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 2026-2027 academic year must be fully 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

First Baptist Church
847 Cleveland Street
Greenville, SC 29601