



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 +	

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. We also wish to stress the importance of the applicants making clear their connection to First Baptist Church. Some of the funds designated for scholarships expect the applicants to have association with FBC, others do not.

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 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