



Scholarship Application Packet

First Baptist Church

Griffin, Georgia

Dear Student,

Thank you for picking up a **Scholarship Application Packet** for the **2020-2021** school year. Please complete all required elements of the Scholarship Application Packet and insure that all student forms and supporting documents are returned to the Church Office of First Baptist Church

no later than

4:00 p.m.

Wednesday, July 15, 2020

Sincerely,

Scholarship Committee
First Baptist Church of Griffin

First Baptist Church of Griffin, Georgia
106 West Taylor Street
Griffin, GA. 30223-3025
770-227-5517, ext. #12



First Baptist
Griffin
A community of grace.

Student Financial Aid

Scholarship Committee * First Baptist Church
106 West Taylor Street
P.O. Box 908
Griffin, Georgia 30223
770-227-5517

About You:

The following information is considered confidential and will be used only by the FBC Scholarship Committee in identification of financial needs. If additional space is needed for complete answers, attach an addendum to this application form. Please answer the questions as completely as possible so that the members can make the best possible decisions.

Name: _____
Last First MI

Date of Birth: _____
Month Date Year

Permanent Mailing Address: _____

Telephone Numbers (cell) _____ (home) _____ State of legal residence: _____

Do you have a high school diploma/GED? ___ Yes ___ No GPA: _____ SAT: _____ ACT: _____
If yes, list your high school(s), beginning with the most recent, and graduation date.

Class standing _____ Number of students in graduating class _____
Do you have prior college work or degrees? ___ Yes ___ No GPA: _____

If yes, list institutions of higher learning, and major course(s) of study

Degree(s) earned and dates _____

First time FBC scholarship applicant ___ Yes ___ No

Previous scholarship recipient ___ Parson Jones ___ Wynne Patterson ___ Joiner ___ Blanche Tyus Smith

About Your Current School:

Name and Address: _____

Financial Aid Officer: _____ Phone number: (_____) _____



About Your Plans:

Check all that apply and provide anticipated dates in ().

____ Summer School (_____) ____ Fall semester/quarter (_____) ____ Winter semester/quarter (_____)
____ Spring semester/quarter (_____) _____ Date of acceptance by school

Anticipated Student Status:

____ Full Time ____ Part Time: ____ 3/4 time ____ 1/2 time ____ < 1/2 time

Course of study: _____

Degree sought: _____ Anticipated Graduation date _____



About Your Financial Assistance:

List all grants, scholarships, and financial aid you currently receive.

In addition to these, what other types of financial assistance have you considered or pursued?

____ Student employment ____ Student loans
____ Parent/Family loan(s) ____ Other: _____

Do you have Veterans' Benefits? ____ Yes ____ No



Your Personal Declaration:

In your best judgment, will the payment of tuition, books, and/or living expenses present financial hardships to you or your family as you pursue your educational goals? ____ (yes) ____ (no)

Will you commit to your best work, knowing that you are consecrated to Christ's service, and that the preparation you now seek equips you for that divine purpose? ____ (yes) ____ (no)

Attach a letter explaining how you made the decision to pursue this academic choice. Please include any additional letters or documents that might aid the committee in assisting you.

Applicant's signature

Date

References:

Do not use family members as references.

Name	Address	Phone number	Relationship

Reference Forms:

It is necessary that you provide each person you have selected as a reference with a reference form. Request that they return the form to:

Att. Scholarship Committee
First Baptist Church
106 W. Taylor St.
Griffin, GA 30223

Recommendation forms and letters must be received no later than Wednesday, July 15, 2020.

If you are a dependent for one or both parents, please fill out the additional information below:

For Dependent Students Only:

Number of people in your household during the current calendar year: _____

Number of college students or other students in the household, including you, for whom tuition was paid during the current calendar year: _____. What is the total amount paid in tuition for the current year? _____

Number of college students or other students in the household, including you, for whom tuition will be paid during the next calendar year: _____

What is the family's total anticipated tuition cost for next year? _____

CONFIDENTIAL
Scholarship Recommendation Form

Name of Applicant: _____

The applicant above is applying for a scholarship to help cover costs associated with a post-secondary or graduate degree. Your assessment of this candidate is of vital importance to this application. The applicant has waived the right to view this recommendation. Please send this completed form along with your letter of recommendation directly to the following address:

Scholarship Committee
First Baptist Church
106 West Taylor Street
Griffin, Georgia 30223

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How long have you known this applicant? _____ Years _____ Months

What is the basis for your recommendation? _____ Classroom Contact
_____ Counseling Relationship
_____ Co-Curricular Activities
_____ Working Relationship
_____ Personal Observation
_____ Other: _____

Please rate the applicant on the following attributes:

	Excellent	Good	Average	Below Average	N/A
Intelligence	[]	[]	[]	[]	[]
Motivation	[]	[]	[]	[]	[]
Character	[]	[]	[]	[]	[]

This applicant is: (Check one) _____ Strongly recommended
_____ Recommended
_____ Recommended with reservations

.....
In order to supplement and elaborate on the ratings provided above, **please provide a letter of recommendation** for this scholarship applicant that speaks to your interactions with him/her and your impression of this person's ability to be a successful college student. The scholarship committee needs a letter from each reference identified by the applicant in order for the application to be considered complete. **Letters of recommendation are due no later than Wednesday, July 15, 2020.**
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Printed Name: _____ Occupation: _____

Signature: _____ Date: _____

Return COMPLETED FORM and RECOMMENDATION LETTER TO:
First Baptist Church, 106 West Taylor Street, Griffin, Ga. 30223
If you have any questions, please call the church office at 770-227-5517, ext. #
112 Thank you!