

Scholarship Application Packet

First Baptist Church of Griffin
106 West Taylor Street
Griffin, Georgia



Dear Student,

Thank you for picking up a Scholarship Application Packet for the **2024-2025** school year. Please complete all required elements of the Scholarship Application Packet and ensure that all student forms and supporting documents are returned — whether delivered by mail, in person, or electronically — to the Church Office of First Baptist Church by the date and time listed here.

Deadline

No later than 4:00 p.m.
Friday, March 15, 2024

Mailing Address

First Baptist Church of Griffin
P.O. Box 908
Griffin, GA 30224

If you have questions, please contact the Church Office at 770-227-5517.

This information is also available at our website: fbcgriffin.org/scholarships.

Sincerely,

Scholarship Committee
First Baptist Church of Griffin

Student Financial Aid

Scholarship Committee
First Baptist Church of Griffin
P.O. Box 908
Griffin, GA 30224
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 of the committee can make the best possible decisions.

Name: _____
Last First Middle

Date of Birth: _____
Month Date Year

Permanent Mailing Address: _____

Telephone Numbers: (cell) _____ (home) _____

State of legal residence: _____

Do you or will you have a high school diploma or GED in 2024? ___(Yes) ___(No)

Please list your most recent information for the following: _____(Academic GPA),
_____(SAT score), _____(ACT score), _____(Other test score: _____)

What is your class standing or rank (if known)? _____

How many students are in your class (if known)? _____

Please list all high schools you have attended, beginning with the most recent, and your graduation date (if applicable).

Do you have prior college work or degrees? _____(Yes) _____(No) College GPA: _____
 If yes, please list the institutions of higher learning you have attended, along with your major course(s) of study, or indicate Dual Enrollment, if applicable.

Degree(s) earned and dates: _____

Scholarships

Are you an active member of FBC Griffin? _____(Yes) _____(No)

Are you an active participant at FBC Griffin? _____(Yes) _____(No) How long? _____

Indicate the scholarship(s) for which you would like to be considered. If you have been a recipient of any of these scholarships in the past, please mark the box for “previous recipient”.

Scholarship Name	Please Consider Me	Previous Recipient
<p>Blanche Tyus Smith Memorial Scholarship This scholarship was created by Morgan Frank Smith in memory of his wife, Blanche. Preference is given to students attending Truett McConnell, Brewton Parker, and Shorter University, but awards are not restricted only to students attending these schools. There are no stipulations on field of study. Preference is given to Griffin area residents. For 2024, this scholarship may award up to \$500.</p>		
<p>Jones Seminary Scholarship Established by Sara Cheatham in memory of her father, “Parson” Jones, this scholarship was intended for individuals pursuing a degree in an area of the ministry or other Christian education approved by the Board of Deacons. Applicant must be pursuing a graduate degree and is seeking financial assistance for this degree as it leads to full-time ministry.</p>		

<p>Wynne Patterson Scholarship Mrs. Nell Wynne created this scholarship in the name of her granddaughter, Wynne Patterson. Recipients must attend a Baptist college or university. Applicant must be a member of First Baptist Church of Griffin. For 2024, this scholarship may award up to \$500.</p>		
<p>Joiner-Bates Scholarship This scholarship is the result of combining the Joiner Scholarship and the Dena Bates Scholarship. Sara Joiner established the Joiner Scholarship in memory of her husband, W.L. Joiner to fund religious education. The Dena Bates Scholarship was created in memory of Dena Bates, and was intended for recipients' education in such service-oriented vocations as counseling, medicine, ministry, or similar fields. Upon combining these scholarships, the Joiner family agreed to broaden its terms to match the Bates Scholarship criteria. Applicant must be a member of First Baptist Church of Griffin. For 2024, this scholarship may award an amount from \$500 up to \$3000.</p>		
<p>Otis D. Blake Jr. Memorial Scholarship The Blake Scholarship is established in memory of Otis D. Blake, Jr., by his wife, Nancy B. Blake, and their family. The purpose of this scholarship is only to meet the need of a deserving student or students who would find it difficult to earn an undergraduate degree without financial assistance. This scholarship from his family honors Mr. Blake's desire for deserving individuals to at least have an opportunity to use their gifts to the fullest extent by acquiring an education, which he believed would strengthen family, church, community, and nation. The applicant must be a high school senior or a current college student with exceptional scholastic ability and ambition, must be seeking enrollment as a full-time college student, must provide evidence of financial need, must be a member of First Baptist Church of Griffin or closely related to FBC for at least one year, and may be the child of a minister or currently-employed staff member at FBC. The applicant may be awarded in successive years if a need continues to exist. For 2024, this scholarship may award an amount from \$500 up to \$3000.</p>		

Enrollment Information

Please indicate the following information about the school you seek to attend.

School Name and Address: _____

Financial Aid Officer: _____ Phone Number: _____

School Address for Financial Aid Payment: _____

Anticipated Student Status:

___ Full Time ___ Part Time ___ 3/4 Time ___ 1/2 Time ___ <1/2 Time

Course(s) of Study: _____

Degree(s) sought: _____ Anticipated graduation date: _____

When will you attend school? Check and circle all that apply and provide anticipated dates.

Yes / No	Semester / Quarter	Full or Sub-Term (Mini-mester)	Anticipated dates of attendance
	Summer	Full / First / Second	
	Fall	Full / First / Second	
	Winter / Spring	Full / First / Second	

About Your Financial Assistance

List all grants, scholarships, and financial aid you currently receive (or have been awarded).

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

_____ Student employment _____ Student loans _____ Parent/family loans

_____ Other: _____ Do you have Veterans' Benefits? ____ (Yes) ____ (No)

How many people lived in your household during the current calendar year? _____

How many students in your household (during the current calendar year), including you, paid academic tuition? _____

What is the total amount paid out of pocket for college or university tuition for the current year? _____

How many students living in your household, including you, expect to pay tuition in the upcoming year? _____

What is the total anticipated college or university tuition cost for next year, *excluding* any scholarships that may be applied? _____

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

Please provide three references who are knowledgeable about your academic career and/or who can attest to your personal character. ***Do not use family members as references.***

Reference 1

Name: _____ Relationship: _____

Phone Number: _____ (Circle the type: cell / home / work)

Address: _____

Have you notified this person that you are listing him/her as a reference? ___(Yes) ___(No)

Reference 2

Name: _____ Relationship: _____

Phone Number: _____ (Circle the type: cell / home / work)

Address: _____

Have you notified this person that you are listing him/her as a reference? ___(Yes) ___(No)

Reference 3

Name: _____ Relationship: _____

Phone Number: _____ (Circle the type: cell / home / work)

Address: _____

Have you notified this person that you are listing him/her as a reference? ____ (Yes) ____ (No)

Recommendation Forms

It is necessary that you provide each person you have selected as a reference with the recommendation form on the following page. This recommendation form must be received **NO LATER THAN *MARCH 15, 2024*** in order to be considered in the award packet. Please have your references mail their recommendation forms to the following address:

Att: Scholarship Committee
First Baptist Church of Griffin
P.O. Box 908
Griffin, GA 30224



CONFIDENTIAL
Scholarship Recommendation Form

Name of Applicant: _____

The applicant listed 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.

In order to supplement and elaborate on the ratings provided in this form, please attach 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.

If you have questions, please call the church office at 770-227-5517. Thank you!

Please send this completed form along with your letter of recommendation directly to the following address so that it is received in our office no later than ***MARCH 15, 2024*** at this address:

Att: Scholarship Committee
 First Baptist Church of Griffin
 P.O. Box 908
 Griffin, GA 30224

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					

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

Printed Name: _____ Occupation: _____

Signature: _____ Date: _____