

SCHOLARSHIP APPLICATION

Summer Grove Baptist Church

(Please print or type. Check appropriate blanks.)

Date: _____

Name: _____ Birth Date: _____

Address: _____ Single
 _____ Married

Phone: _____ Spouse's Name: _____
 Number of Children: _____

<input type="checkbox"/> First Application <input type="checkbox"/> Renewal (Must be applied for each semester.) (Check One)

Vocation you are seeking _____ *(Be Specific)* Degree sought _____ *(Specify Major)*

Date of public commitment of life to full-time Christian Service: _____

School you will attend: _____ School Address: _____

Are you presently attending? _____

Date term begins: _____ *(Month, Date, Year)* Have you been accepted? _____

Date term ends: _____ *(Month, Date, Year)* Grade point average: _____
 High School _____ College _____

Date of fee payment: _____ *(Month, Date, Year)*

Semester Expenses	Tuition _____				
	Books _____				
	Housing _____				
	Tithe _____				
	Utilities _____				
	Auto _____				
	Food _____				
	Insurance _____				
	Other _____				
	TOTAL _____				

Will you be employed while in college?	
_____ part-time	_____ full-time
Expected annual income:	
your employment	_____
spouse's employment	_____
parental assistance	_____
List any other financial assistance and amounts (grants, scholarships, etc.)	

Dates of membership in Summer Grove Baptist Church (month/year): from _____/_____/_____ to _____/_____/_____

Summer Grove Baptist Church organizations in which you have been active: _____

Two references from Summer Grove Baptist Church **other than relatives, church staff or husband and wife:**

First Application Only

(Applicant's signature)

(Parent's signature (if applicable))

Return to: Scholarship Committee
 Summer Grove Baptist Church
 P.O. Box 8669
 Shreveport, LA 71148-8669