

"The function of education is to teach one to think intensively and to think critically... Intelligence plus character - that is the goal of true education." Rev. Dr. Martin Luther King Jr.

Tabernacle Missionary Baptist Church
Application for Scholarship
(Revised 4/2015)

Criteria:

1. A current transcript, FAFSA, or 1040 form **MUST** accompany this application.
2. Proof of you and/or your family's income must be provided.
3. This application must be completed in its entirety. If there are any blanks, this application **WILL NOT BE CONSIDERED.**

Personal Information			
Name: _____			
Last	First	Middle	
Current Address: _____			
Street	City	State	Zip
Telephone Number (____) _____ - _____		Social Security #: _____ - _____ - _____	
Date of Birth: ____/____/____			
Gender: _____ Female _____ Male			
Marital Status: <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> Other: _____			
Spouse: _____			
Employer: _____ __Full Time__ Part Time__ Seasonal			
Address: _____			
City	State	Zip	

Current College/University:			

Street	City	State	Zip
Date of Enrollment: ____/____/____		Status: <input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/> Other	
Major: _____		Minor: _____	

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Education	Name of School	# of Years Attended	Graduated Yes/No	Subject(s) Studied:	GPA
High School	_____ _____ _____	1 2 3 4 5			
College	_____ _____ _____	1 2 3 4 5			
Other	_____ _____ _____	1 2 3 4 5			

Guardian/Parent Information	Mother	Father
Name		
Address		
City,State ZIP		
Employer		
Yearly Income		
Head of Household		

List those receiving financial support from the Head of Household

Name	Age	Relationship	School	Employer

1. Have you applied for federal financial aid? Yes No I plan to

2. Have you applied for financial assistance from the alumni association at your college?:
Yes No I plan to

3. Please indicate where you plan to live during the academic year:
Parents/Guardian Relatives Dormitory Apartment

4. If your application is approved, where would you like the funds to be applied?

Term: Fall 20__ Winter 20__

Use: Tuition Books/Supplies Room/Board Lab Fees

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Total Budget	Per Semester		
Expenses:		Resources:	
Tuition	\$	Full/Part Time Earnings	\$
Books/Supplies	\$	Savings	\$
Room/Board	\$	Aid from Guardian/Parents:	\$
Other	\$	Aid from Relatives	\$
		Other Scholarships	\$
		Loans/Grants	\$
		Other:	\$
Total:	\$	Total:	\$

What is the total amount you are requesting:\$ _____

Additional Comments: _____

If you are not a member of Tabernacle Missionary Baptist Church, how did you learn about the scholarship fund? _____

I have thoroughly read all of the above information and herby certify that I am in need of financial assistance to continue my education. Furthermore, I affirm correctness of the information on this application. I also affirm that by receiving financial assistance from the Tabernacle Missionary Baptist Church Scholarship Fund, when I become gainfully employed I will make a future financial contribution.

I hereby affirm that I will do my best to uphold the teachings of the church and the principles therein.

Signatures: _____
 (Applicant)

 (Guardian)

Date: _____
Date: _____