

"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 11/2017)

Criteria:

1. A current transcript and FAFSA Award letter **MUST** accompany this application.
2. Proof of your and/or your family's income must be provided. (Form 1040)
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 #: _____ - _____ - _____ or Student ID#: _____		
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:				
Financial Office Address:				

Street	City	State	Zip	Phone #
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 by: _____

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

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 Room/Board

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

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

Additional Comments: _____

Are you a member of Tabernacle Missionary Baptist Church? YES NO
 If you are not a member, 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 my church and the principles therein.

Signatures: _____
 (Applicant)

 (Guardian)

Date: _____
Date: _____