



First Baptist Church
915 E. Sugnet Rd.
Midland MI 48642
Phone: 989-835-6731
office@midlandfbc.com

First Baptist Church Scholarship Application

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2024

APPLICATION GUIDELINES *(Please read and follow the directions below carefully)*

- ✓ The application must be fully completed; incomplete applications will not be considered.
- ✓ The application deadline is **April 30, 2024**. Completed applications may be mailed, emailed to office@midlandfbc.com, or delivered to the church office by this date.
- ✓ Parent signatures are mandatory for minors.
- ✓ A copy of your most recent **Transcript(s)** must be included!
- ✓ **Personal Statement** must be included!

STUDENT INFORMATION

Name: _____
Please Print

Address: _____
Street City State Zip

Home Phone: _____ Date of Birth: _____
(Month/Day/Year)

Cell Phone: _____

Email Address: _____

FAMILY INFORMATION

(Father/Step-Father/Guardian) Occupation Employer

(Mother/Step-Mother/Guardian) Occupation Employer

Number of Dependent Children (excluding applicant): _____ Ages: _____

Number of Family Members Attending College next year, including yourself: _____

Parental Status: Married ☐ Single ☐ Separated ☐ Divorced ☐ Widow/Widower ☐

With Whom Do You Live? (Please check all that apply) ☐ Father ☐ Mother ☐ Step-Father
☐ Step-Mother ☐ Other _____

COLLEGE INFORMATION

What college, university or trade school do you plan to attend?

1st Choice: _____
Name City/State

2nd Choice: _____
Name City/State

Have you applied for admission? ☐ Yes ☐ No Have you been accepted? ☐ Yes ☐ No

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Applicant's Name: _____

Major Field of Study: _____

Career Goal(s): _____

Have You Received Other Scholarships? ____ Yes ____ No (If Yes, please list name and amount of scholarship)

ANTICIPATED COLLEGE EXPENSES

EXPENSES		INCOME	
Tuition & Fees	\$	Your Own Cash or Savings	\$
Special Fees (Lab, etc.)	\$	Family Cash Assistance	\$
Books & Supplies	\$	Loan From:	\$
Room & Board	\$	Loan From:	\$
Transportation	\$	Total Amount of Anticipated Scholarships	\$
Other, Miscellaneous	\$	Anticipated Earnings: (Specify/List below)	
Total Expenses:	\$		\$
			\$
		Total Resources or Income:	\$

Income minus Expenses = Net Deficiency/Aid Needed: \$ _____

CHURCH AFFILIATION

Please List the Name of your Church, Chapel, Synagogue, Other/Preference:

Do you Attend: (Please Check) ____ Regularly ____ Occasionally ____ Never ____ Are you a Member?

Please list any Activities or Leadership roles you have participated in:

(Please Complete Next Page)



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Applicant's Name: _____

EXTRACURRICULAR ACTIVITIES. (Please list)

Please list in the space provided, the extracurricular activities you participated in for High School, (including athletics), publications, school plays, scouts, club work, band, student government, church, volunteer work, community service, etc. Please list any office you have held or any special recognition you received. (Please attach an additional sheet to the application, if necessary)

APPLICANT'S PERSONAL STATEMENT

Please use a separate sheet of paper to tell us about your career/life goals. Please state how your education will enable realization of these goals, and give some evidence of motivation/aptitudes needed to complete your course of study successfully.

Please provide any other personal statement/documentation that you want the scholarship committee to consider. Tell us if you have not yet chosen a major course of study or a definite career.

Please limit your statement to one page....you may use the back of this form as your one page.

Note: All Hart Scholarship Finalists will be notified to schedule a personal interview.

REQUIRED SIGNATURES

Signature of Applicant: _____ Date: _____

I have read the request made by the above applicant and affirm the foregoing statements:

Signature of Parent (If you are a minor) : _____ Date: _____