

**PENNIES FROM HEAVEN SCHOLARSHIP FUND**

One Sixty Warren Street

Roxbury, Massachusetts 02119

*Willie Bodrick, II, Senior Pastor - Arthur T. Gerald, Jr., Pastor Emeritus*

**SCHOLARSHIP APPLICATION**

• Please check one: I'm a first-time applicant \_\_\_\_\_ I'm re-applying \_\_\_\_\_

1. Name of Applicant: \_\_\_\_\_  
FIRST MIDDLE LAST

2 Current Address: \_\_\_\_\_  
STREET APT

\_\_\_\_\_ CITY STATE ZIP

3. Current Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

4 Your Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

5. In case we can't reach you, whom can we notify?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

6. What high school (trade school, academy, high school equivalency program) are you currently enrolled in?

Name of School \_\_\_\_\_

City, State \_\_\_\_\_

Course Concentration/Major \_\_\_\_\_

When will you graduate? \_\_\_\_\_

Extra-curricular activities \_\_\_\_\_

7. Are you a member of Twelfth Baptist Church? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list your participation in the following: (1) active member in TBC ministries, TBC committees, TBC fellowship; (2) church leadership roles

(1) \_\_\_\_\_

(2) \_\_\_\_\_

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8. Are your parents/guardians members of Twelfth Baptist Church?

Mother's Name \_\_\_\_\_ TBC Member? Yes \_\_\_\_\_ NO \_\_\_\_\_

Father's Name \_\_\_\_\_ TBC Member? Yes \_\_\_\_\_ NO \_\_\_\_\_

Guardian's Name \_\_\_\_\_ TBC Member? Yes \_\_\_\_\_ No \_\_\_\_\_

9. If at least one of the above is a TBC member, go on to question 11.

10. If neither parent nor guardian is a TBC member, do you have any relative who is a member of Twelfth Baptist Church? Yes \_\_\_\_\_ No \_\_\_\_\_

10a If yes

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

11. Please list below the name, address, and contact person for the post-second education program that you have been admitted to and have registered for (or plan to register for).

Institution Name \_\_\_\_\_

City, State \_\_\_\_\_

Director of Admissions \_\_\_\_\_

His/Her Telephone number \_\_\_\_\_ Extension \_\_\_\_\_

Classes will begin: \_\_\_\_\_

Title of Program/Major \_\_\_\_\_

What degree (certificate, diploma, or license) do you expect to earn? \_\_\_\_\_

12. Please provide a brief statement of your educational and career goals. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE: FOR COMMITTEE USE ONLY**

**Application received**

**Comments:**

**AWD**

**N-- AWD**

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