

Scholarship Committee

TWELFLTH BAPTIST CHURCH
One Sixty Warren Street
Roxbury, MA 02119
617-442-7855

Clayborne _____
Haynes _____
Johnson _____
TBC _____
Academic Honors _____

Application Date _____

SCHOLARSHIP APPLICATION
(Please print or type)

NAME _____
(Last) (First) (Middle)\

ADDRESS _____

SCHOOL _____

Telephone – Home & Cell _____

EMAIL ADDRESS _____

Date of Birth _____ Place of Birth _____

Church Affiliation _____

ACADEMIC INFORMATION

Name of School/College Attending _____

Current Status: Part-Time _____ Full-Time _____ Other (Explain) _____

Major _____ Class _____

Career Goal(s) _____

Semester Grade Point Average _____ Cumulative _____

Attach a clean copy of your current and previous semester grades. If your GPA is less than 2.0 overall, please explain any circumstances which will allow the Scholarship Committee to continue processing your application _____

FINANCIAL ASSISTANCE

ESTIMATED COLLEGE EXCPENSES (Current Year Only)_____

Tuition_____

Fees_____

Books & Supplies_____

Room & Board_____

Transportation_____

Personal_____

(Please attach a cop of your College Catalog's Itemization of Expenses)

AMOUNT OF SCHOLARSHIP REQUESTED _____

YOUR CONTRIBUTIOIN TOWARDS YOUR EDUCATION_____

**FAMILY'S CONTRIBUTION TOWARDS YOUR
EDUCATION**_____

**OTHER FINANCIAL ASSISTANCE RECEIVED FOR CURRENT
YEAR**_____

Assistance Applied For	Date	Amount Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Based upon information given in this scholarship application, please explain your reasons
for seeking financial assistance from Twelfth Baptist Church at this time.**

FAMILY INFORMATION

Father's Name_____ **Occupation**_____

Father's Current Employer_____

Mother's Name_____ **Occupation**_____

Mother's Current Employer_____

Parent's Church Affiliation _____

Approximate Family Annual Income (including all working siblings at home)_____

Number of Children in Family (under 23 years of age) _____

Number of Children in College _____

Name	School	Academic Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List TBC ministries in which you are involved _____

Number of children affiliated with Twelfth Baptist Church_____

Please attach letter of recommendation from your college/high school advisor, a college professor of high school teacher and TBC leader.

This application will not be processed unless all requested information is attached.

(The Scholarship Committee will discard all incomplete applications)

You will be notified as to the results of your application for scholarship prior to Back-to-College Sunday (second Sunday in August)