

THE FIRST BAPTIST CHURCH SCHOLARSHIP FUND

THE FIRST BAPTIST CHURCH – PLYMOUTH, CONNECTICUT

(Established November 10, 1803 in Waterbury, CT)

TERRYVILLE/THOMASTON SCHOOLS
APPLICATION FORM

The completed application, (5 pages, all sections), should be sent to the Scholarship Committee of the First Baptist Church, P.O. Box 121, 2 North Street, Plymouth, CT 06782.

APPLICATIONS MUST BE COMPLETED AND POSTMARKED BY MARCH 31, 2024 or you may not be considered for a scholarship due to available funds.

PLEASE COMPLETE THE FOLLOWING IN FULL:

Date: _____

1. Full name of applicant: _____

2. Address: _____ Phone: _____

3. City: _____ State: _____ Zip: _____

4. Are you a U.S. CITIZEN? _____ Email: _____

5. Parent or Guardian: _____

Parent or Guardian Marital Status: _____

6. Estimated gross annual income of family from all sources: _____

7. Father's Occupation: _____ Mother's Occupation: _____

8. Other dependents (ie., younger children, invalids): _____

9. Other children in Institute of Higher Education: _____

10. High School or other preparatory school (include graduation date): _____

11. In what school and /or community activities have you participated? _____

12. What scholastic honors have you received? _____

13. Church affiliation: _____

14. In 100-200 words, describe how your faith and personal experiences related to your church have influenced your vocational choice. (you may use the reverse of this page)

15. List all current places of employment (most recent first): _____

16. What college, vocational or institute if higher education do you expect to enter or are you already enrolled in? _____

17. Intended vocation? _____

18. How many years in this program? _____

19. What is your expected graduation date? _____

20. What degree or certificate will you earn? _____

21. Will you be a full-time or part-time student? _____

ESTIMATED EXPENSES

TUITION \$ _____

BOARD \$ _____

ROOM \$ _____

COMMUTING EXPENSE \$ _____

BOOKS & SUPPLIES \$ _____

OTHER (specify) \$ _____

TOTAL \$ _____

ESTIMATED RECEIPTS

FROM PARENTS \$ _____
(How much do you anticipate you will receive from your parents?)

STUDENT'S ASSETS \$ _____

STUDENT'S INCOME \$ _____
(Summer & school year jobs)

OTHER LOANS YOU WILL RECEIVE \$ _____

OTHER SCHOLARSHIPS YOU WILL RECEIVE \$ _____

TOTAL \$ _____

Do you have any educational loans outstanding? _____

NAME _____

22. References:

List names, addresses and telephone numbers of two people (not relatives) one of whom may be a teacher, who are qualified to certify your worthiness to receive this scholarship:

1. Name: _____

Address: _____

Phone: _____

2. Name: _____

Address: _____

Phone: _____

3. Name: _____

Address: _____

Phone: _____

4. Name: _____

Address: _____

Phone: _____

23. Please provide the name, address department, etc. **OF THE INSTITUTION** where scholarship monies are to be sent in the event you receive a scholarship. **(THIS INFORMATION MUST BE PROVIDED)**.

24. Please attach a copy of your transcript from the current school year. **(If current transcript is not included, the Committee may not consider your application for scholarship)**.

NAME: _____

25. How did you hear about this scholarship? _____

To the best of my knowledge and belief, the foregoing statements are complete and accurate.

SIGNATURE OR APPLICANT

_____ **Date:** _____

SIGNATURE OF PARENT OR GUARDIAN

_____ **Date:** _____

TO BE CONSIDERED FOR A SCHOLARSHIP, PLEASE BE SURE TO SUBMIT AND HAVE THIS APPLICATION POSTMARKED BY MARCH 31, 2024. ELECTRONIC SUBMISSIONS WILL NOT BE ACCEPTED.

Revised 10/2023