

**THE MAUDE E. ARNOLD SCHOLARSHIP FUND
THE ALMA M. EATON SCHOLARSHIP FUND**

THE FIRST BAPTIST CHURCH – PLYMOUTH, CONNECTICUT
(Established November 10, 1803 in Waterbury, CT)

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: _____

City: _____ State: _____ Zip: _____

3. If Waterbury resident, how many years? _____

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

5. Parent or Guardian: _____

Parent/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 College (names & grades): _____

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 what activities are you now (or have you previously been) involved in at the First Baptist Church of Plymouth: _____

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

16. What college or higher education institution do you expect to enter or are currently enrolled in? _____

17. Intended vocation? _____

18. How many years in this program? _____

19. What is your expected graduation date? _____

20. What degree(s) will you earn? _____

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

NAME _____

<u>ESTIMATED EXPENSES</u>		<u>ESTIMATED RECEIPTS</u>	
TUITION	\$ _____	FROM PARENTS	\$ _____ (How much do you anticipate you will receive from your parents?)
BOARD	\$ _____		
ROOM	\$ _____	STUDENT'S ASSETS	\$ _____
COMMUTING EXPENSE	\$ _____	STUDENT'S INCOME	\$ _____ (Summer & school year jobs)
BOOKS & SUPPLIES	\$ _____	OTHER LOANS YOU WILL RECEIVE	\$ _____
OTHER (specify)	\$ _____	OTHER SCHOLARSHIPS YOU WILL RECEIVE	\$ _____
<u>TOTAL</u>	<u>\$ _____</u>	<u>TOTAL</u>	<u>\$ _____</u>

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 transcripts 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