

TABERNACLE BAPTIST CHURCH

SCHOLARSHIP APPLICATION

*PLEASE COMPLETE ALL INFORMATION

PERSONAL DATA

NAME _____
(Last) (First) (Middle)

DATE OF BIRTH: _____

HOME ADDRESS: _____
(Street)

(City) (State/Zip)

TELEPHONES: (H) _____ (W) _____ (Cell) _____

EMAIL ADDRESS: _____

ARE YOU A MEMBER OF TABERNACLE BAPTIST CHURCH? _____ Yes _____ No

WHEN DID YOU JOIN? _____

PARENTS OR GUARDIAN

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

Are your parents members of Tabernacle Baptist Church? _____ Yes _____ No

List ministries and organizations in which you are active:

SCHOOL/CAREER INTERESTS

What is your high school GPA? _____

What college do you plan to attend? _____

What is your intended major? _____

High School Attended: _____

High School Graduation Date: _____

AUTHORIZATION

By signing this application, I authorize the Tabernacle Baptist Church Scholarship Committee members and or the member(s) of the joint boards of the church to obtain verification of my past and present school status for the purpose of determining eligibility for a scholarship to further my studies in the school of my choice.

Signature

Date