BAPTIST FOUNDATION OF SOUTH CAROLINA APPLICATION FOR SCHOLARSHIP

Please complete all areas of this application and return via US mail, email, or fax by the deadline listed below. Applicants must provide proof of enrollment for the upcoming semester. Certification of enrollment can be secured from the registrar's office.

FOR OFFICE USE ONLY:
Received:
Scholarship:
Approved By:
Award Amount \$

□ Dr. □ Rev. □ Mr. □ Mrs. □ M	s. \square Miss			
LAST NAME	First	MIDDLE	SUFFIX (JR., SR., ETC.)	
Address				
City/State/Zip				
Daytime Telephone	Email Address			
Social Security Number	Date of Birth			
HOME CHURCH (NAME/CITY)	Church (Currently Attend	DING (NAME/CITY, IF DIFFERENT)	
Institution of Higher Learning Attending		Сіту		
	# Hours Planning			
FIELD OF STUDY		FALL SE	MESTER SPRING SEMESTER	
□ Undergrad □ Masters □ Seminary	Class Year (Freshman, etc.)	GPA	Anticipated Graduation Date	
Please provide a brief history of employ	ment, volunteer, or ministry	experience:		
Please state briefly your life's ambitions	and plans for future career	or vocation:		
Please state the reason this scholarship	is needed:			
Signature		Date		

Baptist Foundation of South Carolina • 190 Stoneridge Drive • Columbia, SC 29210-8239

ALL APPLICATIONS MUST BE POSTMARKED BY April 30 in order to be considered for the

coming school year.

APPLICATION DEADLINE: