

EDMOND'S FIRST BAPTIST CHURCH

Scholarship Application

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Please check the type of scholarship(s) for which you are applying:

- ☐ Scholarship(s) designed for those who are/have been a member of Edmond's First Baptist Church and who are following God's will in preparing for full-time Christian service.
- ☐ Scholarship(s) designed for those who are/have been a member of Edmond's First Baptist Church and attend a Baptist college, university, or seminary.
- ☐ Scholarship(s) designed for those who are/have been a member of First Baptist Church, Edmond, who are not attending a Baptist college, university or seminary.

PERSONAL INFORMATION (please type or print clearly)

APPLICANT: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Social Security No: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

PARENTS: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

HIGH SCHOOL INFORMATION

School: _____ Year Graduated: _____

Honors / Activities: _____

COLLEGE INFORMATION (Undergraduates; Graduates)

School: _____ City: _____ State: _____

Classification: _____ Year Enrolled: _____

Projected Year of Graduation: _____ Major: _____ Minor: _____

SPIRITUAL INFORMATION

Describe your salvation experience: _____

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BAPTISM: When? _____ What Church? _____

How has First Baptist, Edmond contributed to your spiritual life? _____

CHRISTIAN SERVICE VOLUNTEERS:

Describe your call to full-time Christian service: _____

Have you made a public commitment to full-time service: _____ When: _____

Where did you make your public commitment? _____

FINANCIAL STATEMENT:

What scholarships have you already received: _____

List all employment over the last two years:

Employer	Nature of Work	Began	Ended

Father's employment: _____

Mother's employment: _____

Total estimated cost for school year: _____

Estimated funds available for school year: _____ (specify below)

Personal Funds	Parental Support	Earnings	Scholarships Received	Educational Loans	Other (note below)

Applicant's Signature: _____ **Date:** _____