

**APPLICATION FOR SCHOLARSHIP ASSISTANCE
HIGHER EDUCATION**

The Foundation of the First Baptist Church of Columbia, MS

Social Security Number (last four numbers): _____ **Telephone:** _____

1. **Name:** _____
2. **Address - School:** _____
Address - Local: _____
3. **Date of birth:** _____
4. **School attending:** _____
5. **Degree sought:** _____
6. **Classification:** _____
7. **Number of hours to take: Fall** _____ **Spring** _____
8. **Amount of assistance you are seeking** _____
9. **Are you presently receiving aid from other sources other than your family?** _____
Amount: _____ **From whom:** _____
10. **What is your total tuition per semester?** _____
11. **Are you currently or have you been an active member of First Baptist Church of Columbia?**
For how long? _____
12. **Would you agree to a conference with the Foundation concerning your request for assistance?** _____

***** The information given is true and accurate to the best of my knowledge.**

Applicant Signature: _____

Date: _____

Official transcript from institution must be provided to the Foundation.

Please provide two letters of reference.

Completed application is due no later than June 15th.

Please return completed applications to the First Baptist Church office.

Please see reverse for important Scholarship Guidelines and requirements.