BAPTIST FOUNDATION OF SOUTH CAROLINA APPLICATION FOR BRENDA WHITTINGTON JEFFCOAT MUSIC SCHOLARSHIP

Please complete all areas of this application and return via US mail, email, or fax by the deadline listed below. *An eligible applicant must*:

- complete all required information on the scholarship application
- be pursuing a degree in church-related music
- be a full-time undergraduate of at least sophomore level at a South Carolina Baptist institution of higher learning
- be a member of a South Carolina Baptist Convention church for at least nine months prior to the application deadline
- submit evidence of a Grade Point Average equivalent to at least C+ (2.5 or higher on a 4.0 scale)
- submit TWO letters of recommendation, one of which must be from the pastor of the applicant's home church or the church in which the applicant is currently attending or serving

<u>IMPORTANT</u> – A COMPLETED APPLICATION WITH <u>ALL</u> REQUIRED DOCUMENTATION <u>MUST</u> BE SUBMITTED BY THE APRIL 30 DEADLINE. INCOMPLETE APPLICATIONS OR MISSING DOCUMENTATION WILL DISQUALIFY THE APPLICATION.

| \Box Dr. \Box Rev. \Box Mr. \Box Mrs. \Box Ms. \Box Miss | | | | | | | |
|--|------------|--------|--|---------|-------------------------|--|--|
| Last Name | First Name | | Middle Name | | Suffix (Jr., Sr., Etc.) | | |
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| Mail Address | | | | | | | |
| | | | | | | | |
| CITY / STATE / ZIP CODE | | | | | | | |
| | | | | | | | |
| Daytime Telephone Number | | EMAIL | Email Address | | | | |
| | | | | | | | |
| STUDENT ID / SSN | | DATE C | Date of Birth | | | | |
| | | | | | | | |
| HOME CHURCH (NAME/CITY) | | CHURC | CHURCH CURRENTLY ATTENDING (NAME/CITY, IF DIFFERENT) | | | | |
| □ I have been a member of a SC Baptist Convention Church for the past nine months or more. | | | | | | | |
| SC BAPTIST CONVENTION INSTITUTION OF HIGHER LEARNING ATTEND | | NDING | ING CITY/STATE | | | | |
| | | | | | | | |
| FIELD OF STUDY | | | # HOURS FALL SEMESTER # HOURS SPRING SEME | | # Hours Spring Semester | | |
| | | | | | | | |
| CLASS YR | | | GPA | ANTICIE | PATED GRADUATION DATE | | |
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| Please provide a brief history of employment, volunteer, or ministry experience: | | | | | | | |
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| FOR OFFICE USE ONLY: | | | | |
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| Received: | | | | |
| Scholarship: | | | | |
| Approved By: | | | | |
| Award Amount \$ | | | | |
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| Please state briefly | vour life's | ambitions and | plans for future | career or vocation: |
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Please state the reason this scholarship is needed:

| Signature | Date |
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For electronic signatures, this PDF document must be opened in Adobe Reader or Adobe Fill & Sign

APPLICATION DEADLINE: ALL APPLICATIONS WITH REQUIRED DOCUMENTATION MUST BE POSTMARKED BY April 30 in order to be considered for award.

RETURN COMPLETED APPLICATION AND ALL REQUIRED DOCUMENTATION VIA ONE OF THE METHODS BELOW: MAIL: Baptist Foundation of South Carolina, 190 Stoneridge Drive, Columbia, SC 29210-8239 FAX: 803-799-9003