

BAPTIST FOUNDATION OF SOUTH CAROLINA

APPLICATION FOR SEMINARY SCHOLARSHIP

NOTE: Priority for this scholarship will be given to students who are living in or whose home church is in the York Baptist Association.

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 a **full-time masters-level or doctoral-level student at a Southern Baptist seminary**
- submit evidence of a **Grade Point Average equivalent to at least C+ (2.5 or higher on a 4.0 scale)**
- submit **one letter of recommendation from a pastor, teacher, or employer by the application deadline**

IMPORTANT – A COMPLETED APPLICATION WITH ALL REQUIRED DOCUMENTATION MUST BE SUBMITTED BY THE NOVEMBER 30 DEADLINE. INCOMPLETE APPLICATIONS OR MISSING DOCUMENTATION WILL DISQUALIFY THE APPLICATION.

☐ Dr. ☐ Rev. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

| LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX (JR., SR., ETC.) |
|-----------|------------|-------------|-------------------------|
| | | | |

| MAIL ADDRESS |
|--------------|
| |

| CITY / STATE / ZIP CODE |
|-------------------------|
| |

| DAYTIME TELEPHONE NUMBER | EMAIL ADDRESS |
|--------------------------|---------------|
| | |

| STUDENT ID / SSN | DATE OF BIRTH |
|------------------|---------------|
| | |

| HOME CHURCH (NAME/CITY) | CHURCH CURRENTLY ATTENDING (NAME/CITY, IF DIFFERENT) |
|-------------------------|--|
| | |

| SOUTHERN BAPTIST SEMINARY ATTENDING | CITY/STATE |
|-------------------------------------|------------|
| | |

| FIELD OF STUDY | # HOURS FALL SEMESTER | # HOURS SPRING SEMESTER |
|----------------|-----------------------|-------------------------|
| | | |

| DEGREE BEING SOUGHT | CLASS Yr (1 ST Yr MASTERS, 1 ST Yr DOCTORAL, ETC.) | GPA | ANTICIPATED GRADUATION DATE |
|--|--|-----|-----------------------------|
| <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral | | | |

| Please provide a brief history of employment, volunteer, or ministry experience: |
|--|
| |

FOR OFFICE USE ONLY:

Received: _____

Scholarship: _____

Approved By: _____

Award Amount \$ _____

Please state briefly your life's ambitions and plans for future career or vocation:

Please state the reason this scholarship is needed:

| SIGNATURE | DATE |
|-----------|------|
| | |

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 November 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