



SPRING HILL
Baptist Church

**APPLICATION FOR SCHOLARSHIP GRANT
 SPRING HILL BAPTIST FOUNDATION
 2 S. McGregor Avenue
 Mobile, Alabama 36608-1827**

I. PERSONAL INFORMATION

A. Applicant's Name: _____

B. Permanent Address: _____
 (number and street)

 (city, state and zip code)

 (email & phone number)

College Address: _____
 (number and street)

 (city, state and zip code)

 (email & phone number)

C. Date of Birth _____ Social Security No. _____ - _____ - _____
 (m/d/y) Driver's License No. _____

D. Single _____ Married _____ Widowed _____ Divorced _____

E. If Married:
 Spouse's Name: _____ Occupation: _____

Number of Children: _____ Ages: _____

F. Church Membership: _____
 How long have you been a member of Spring Hill Baptist Church? _____

G. High Schools and Colleges Attended:

<u>Name of School</u>	<u>Beginning/ Ending Date</u>	<u>Diploma/Degree</u>	<u>Cumulative G.P.A.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A copy of your most recent transcript with your cumulative GPA must accompany this application in order to be considered for a scholarship grant.

- H. SAT/ACT Score: _____
- I. Cumulative GPA through high school (if college student): _____
through undergraduate school (if seminary student): _____
- J. List activities you have participated in the previous three (3) years at Spring Hill Baptist Church: _____

- K. List extracurricular activities and leadership positions held in high school, college or Seminary during the previous two (2) years: _____

- L. List community activities during the last two (2) years: _____

- M. List honors and awards you have received or achieved: _____

- N. Prior employment, if any: _____
- O. Parents or Guardians:
Father's Name : _____
Address: _____ Occupation: _____
Mother's Name: _____
Address: _____ Occupation: _____
Number of your parent's other children: _____
Number of dependents in college/seminary (including applicant): _____

II. COLLEGE OR SEMINARY INFORMATION

- A. Name of college or seminary to attend: _____
- B. Will you be a full time student? Yes _____ No _____
- C. Anticipated date of graduation: _____
(m/y)
- D. Degree to be pursued: _____
- E. Major: _____ Hours to be carried: _____

III. FINANCIAL INFORMATION

A. Taxable income of parents or guardians, as reflected in the amount on **line 43 of Form 1040**
(This information will be kept confidential by the Foundation)

CHECK ONE:

- Less than \$50,000 _____
- \$50,000-\$75,000 _____
- \$75,000-\$100,000 _____
- Over \$100,000 _____

B. Estimated college or seminary budget (based on academic year of two semesters or three quarters):

COSTS

RESOURCES

Tuition and fees	_____	Personal Savings	_____
Books/supplies	_____	Vacation Earnings	_____
Room/board	_____	Earnings during school year (include spouse if married)	_____
Clothing	_____	Aid from family	_____
Travel	_____	Other scholarships	_____
Personal Recreation	_____	Interest, Dividends or Trust Income	_____
		Loans	_____
		Other (explain)	_____
Total Cost	_____	Total Resources	_____

The Foundation may request further detailed information on income and assets of the applicant, the applicant's parents' or guardian.

I hereby certify that the information provided on this application form is accurate and complete.

Date

Applicant's Signature