

**First Baptist Church of Tahoka  
Scholarship Application**

Student's Name \_\_\_\_\_  
  Last  First  Middle

Permanent Mailing Address \_\_\_\_\_  
\_\_\_\_\_

College Address (if known) \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Parent's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Parent's Name \_\_\_\_\_ Occupation \_\_\_\_\_

High School Graduated From \_\_\_\_\_ Year \_\_\_\_\_

University, College or Vocational School you plan to attend this fall:  
\_\_\_\_\_

College Major \_\_\_\_\_ Current Degree Sought \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_

Do you plan to work during the semester? \_\_\_\_\_ If yes, hours per week? \_\_\_\_\_

How many credit hours do you plan to take during the upcoming fall and spring semesters?  
Fall \_\_\_\_\_ Spring \_\_\_\_\_

Have you received, or expect to receive, any scholarships or grants for the upcoming fall/spring semesters? Fall \_\_\_\_\_ Spring \_\_\_\_\_

<u>Scholarship or Grant</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

What are your plans following college graduation?

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Briefly describe your spiritual journey to this period in your life and your relationship to God.

Complete the following:

Honors and Awards (School or Community)

Dates(s)

Offices Held in School Organizations

Compose an essay on why you think you deserve to receive the scholarship. **HAND WRITE** your essay and limit it to the space provided below.

**Application can be returned to Lynn Lankford at the Ball Park on Sunday mornings, the church office, or the drop box at the West entrance of the church. Applications are due by April 15, 2021.**

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**Student's Name** \_\_\_\_\_  
Last First Middle

**Name and Address of High School** \_\_\_\_\_  
\_\_\_\_\_

Educational Profile:

Estimated rank in class \_\_\_\_\_

Estimated overall grade average \_\_\_\_\_

Possibility of being Valedictorian? \_\_\_\_\_ Salutatorian? \_\_\_\_\_

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Signature of High School Principal

\_\_\_\_\_

Date

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Community Reference

I hereby waiver any claim, action or demand I may have against the undersigned arising as a result of the submission of this form. I understand that the recommender will mail this form directly to the committee.

\_\_\_\_\_  
Student's Signature

Student's Name \_\_\_\_\_

School \_\_\_\_\_  
Name of School City State Zip

How long have you known the student and what has been your association with the student?

In your judgment, what characteristics make the individual an outstanding student?

What words best describe this individual?

\_\_\_\_\_  
\_\_\_\_\_

What areas have you observed that the student needs to strengthen?

\_\_\_\_\_  
Signature of Community Leader and/or Business Affiliation

\_\_\_\_\_  
Date

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Educational Reference

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Student's Signature

Student's Name \_\_\_\_\_

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