First Baptist Winchester Community Development Corporation (FBWCDC)

SCHOLARSHIP APPLICATION

Eligibility requirements:

- This completed application must be mailed to First Baptist Winchester Community Development Corporation (FBWCDC), P.O. Box 1294, Gallatin, TN 37066.
- All applications must be mailed and received before March 31st, 2014.
- A copy of your official transcript must be attached to your completed application. No copies of the transcript will be accepted.
- Applicant must reside in Sumner County.
- If the recipient fails to register, or registers and is eligible for a refund, said money is to be refunded to the donor, First Baptist Winchester Community Development Corporation.
- The applicant must be a high school graduate or must have completed requirements for general education development (GED).
- Applicant should possess the following: Acceptable conduct, Honesty, Respect for self and others, High morals, and a Sincere desire for an education as exemplified by performance.
- The scholarship money will be forwarded to the institution of the student's choice and given to the credit of said full time undergraduate recipient.
- A minimum grade point average (Cumulative) of 2.0 (C) must be held at the time of application and maintained during the academic year.
- Academic ability and financial need are strong points of consideration.

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Available Scholarships

FIRST BAPTIST WINCHESTER CDC SCHOLARSHIP \$1000:

\$500 Awarded each semester

Preferably an applicant must be accepted at an accredited trade/vocational school or a community college. However, applicants attending a 4-year institution may also apply

• The scholarships offered by First Baptist Church are completely separate from the scholarships offered by FBWCDC. Applying for a scholarship from First Baptist Church does not prevent you from being eligible for a scholarship through FBWCDC.

First Baptist Winchester Community Development Corporation

SCHOLARSHIP APPLICATION

				Date:	
Name	in full:(First)				
			(Middle)	(Last)	
Presen	nt Address:				
Home	Telephone No:	Age:_	Social S	ecurity No:	
Gradu	ate of:				
	ate of:(High S	chool)	(City)	(State)	
Date o	of Birth:				
1.	Have you applied fo	r admission?_		_Where?	
2.	Name of Mother/Guardian				
	Occupation of Mother/Guardian				
	Employer of Mother	/Guardian			
	Name of Father/Guardian				
	Occupation of Father/Guardian				
	Employer of Father/Guardian				
3.	Number of dependent brothers and/or sisters claimedNumber in college				
4.	What gross amount did your parents/guardian file on their income tax last year?				
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5.	What gross amount did you file on your income tax last year?				
6.	List other scholarships or financial aid that you have applied for or received.				
7.	What is your proposed major?				
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8.	List your current hig	th school and/o	or community	activities.	
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List your work experiences				
Name of your present employer, if working				
Your financial need is an important criteri more, please give a detailed explanation of				
Signature of Applicant:	Date:			
Signature of parents/guardian required:	./ 1: 1 1 2 20			
that all given information is true.	, parent/guardian do hereby certify			

THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRITY TO BE CONSIDERED FOR THIS SCHOLARSHIP