

**CALVARY BAPTIST CHURCH EDUCATIONAL FUNDING APPLICATION**  
**CONTINUING EDUCATION APPLICATION**

- **ELIGIBILITY:** To qualify for funding you must (1) be experiencing a financial hardship, (2) be an active member of Calvary Baptist Church, (3) be matriculating in a tuition-based program of an institution of higher learning (e.g., college, university, or trade/vocational school), and (4) have a grade point average that is at least equivalent to a "C" or passing grade.
- **PROCESS:** Please complete each applicable item of the application, attach a copy of an official transcript, a tuition fee schedule or other supporting financial information, and return the completed application to the Church Office. Recipients will be notified within two weeks of submission of the application.

**PERSONAL DATA**

Full Name: \_\_\_\_\_  
  First  Last  Middle Initial

Permanent Residence Address: \_\_\_\_\_  
  Street  City  State  Zip Code

Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Most Recent Alma Mater: \_\_\_\_\_  
  Name  City  State

Graduation Date: \_\_\_\_\_ GPA: \_\_\_\_\_

Completion Date of Graduation Equivalency Degree: \_\_\_\_\_

Institution of Higher Learning for which Funds are Sought: \_\_\_\_\_  
  Name  
  City  State

Expected Graduation Date: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Amount of Funds Requested: \$ \_\_\_\_\_

Describe the Use of Funds Requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the Financial Hardship You are Experiencing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Church Affiliation (include description of applicable church service): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AWARDS**

Please list the name and amount of any grants, scholarships, financial aid, stipends and paid internships  
you have been awarded for the upcoming academic year.

<b>Name of Award and/or Award Sponsor</b>	<b>Amount</b>	<b>Granted</b>	<b>Pending</b>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Please provide any additional information that is pertinent to the evaluation of your application. Include information on what you have done to meet your financial needs beyond the items included in the Awards Section above.

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Signature:

\_\_\_\_\_  
Date: