CALVARY BAPTIST CHURCH HIGH SCHOOL SENIOR EDUCATIONAL FUNDING APPLICATION

Seniors

- <u>ELIGIBILITY</u>: To qualify, you must be an **active member** of Calvary Baptist Church, matriculating within 12 months of graduating from high school in a tuition-based program of an institution of higher learning (*e.g.*, college, university, or trade/vocational school).
- <u>PROCESS</u>: Please complete the <u>entire</u> application (fill in <u>all</u> blanks, using "not applicable" or "N/A" where appropriate) and return the completed application to the Educational Funding Ministry mailbox by the deadline.

PERSONAL DATA

	1 ENGO				
Full Name:	loo				
TIFST	las	I		middle initial	
Permanent Residence Address:					
street	city	state		zip code	
Telephone Number:		E-Mail Address:			
Social Security Number:		Date of Birth (mm/dd/yy): _			
Parents:					
	father's name, address and	phone number			
	mother's name, address and	d phone number			
Most Recent Alma Mater:					
	name		city	state	
Actual/Expected Graduation Date: _					
Completion Date of Graduation Equi	ivalency Degree:				
Institution of Higher Learning for whi	ch Funds are Sought:				
g a sa g a		name			
city		state			
Describe the Use of Funds Requeste	ed:				
Amount of Funds Requested: \$					
Timoditi of Funds Requested. $\psi_{\underline{}}$					

CHURCH SERVICE

Please list the Calvary ministries in which you have participated.

Ministry	Role	Dates of Service

EXTRACURRICULAR ACTIVITIES

Please list the extracurricular activities in which you have participated.

			<u> </u>	Dates of Service	
	AWAR	DS			
		grants, scholarships or fin			
		upcoming academic year		T	
Name of Award and/or Award	d Sponsor	Amount	Granted	Pending	
	our spiritual enrichme	nt while pursuing your deg	ree or certification.	Please attac	
Please explain how you plan to continue you	•				
Please explain how you plan to continue you ditional sheets if necessary.	·				

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Please provide any additional information that may be pertinent to the evaluation of your application.	
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