

2007 Scholarship Assistance Application Fee Fee Baptist Church

Only the Scholarship Committee will review this application and all information will be treated confidentially. In order for your application to receive full and fair consideration, it is absolutely essential that you provide **ALL information** requested completely, accurately and thoroughly. **Applications not meeting these requirements will not be considered!**

This application must be turned in to **Bonnie Rooney** in the Education Office no later than **Sunday, June 3, 2007**. Applications will not be considered after this date.

PART ONE: APPLICATION

I am applying for:

General Scholarship Virginia Graham Scholarship Both

If Applying for a Graham Scholarship, are you pursuing: education Religious leader

Please explain:

How many times prior to this application have you been assisted with a Fee Fee Baptist Church Scholarship? _____

PART TWO: PERSONAL INFORMATION

Name _____
(Last) (First) (Middle Initial)

Home Address _____

Age _____ Date of Birth ____/____/____ Home Telephone # _____ - _____

High School _____ Year of Graduation _____

PART THREE: CHRISTIAN SERVICE

Are you a Christian? Yes No

Which Fee Fee staff minister best knows you? _____

Please list the specific activities in which you **are currently involved** at Fee Fee. If you are a member of Fee Fee but attending church elsewhere due to the school you are presently attending, please indicate the activities in which you are involved at that church:

1.	5.
2.	6.
3.	7.
4.	8.

Based on the activities above, please indicate what you feel is the most honest assessment of your activity level by circling the appropriate number:

1 2..... 3.. 4... 5... .. 6..... 7..... 8..... 9.. 10
Not Very Medium Very

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PART FOUR: EDUCATION PLANS FOR SCHOOL YEAR 2007-2008

College/University you are attending this fall _____

Mailing address of college attending _____

Is this a Southern Baptist College or University? Yes _____ No _____

Fall class status: Freshman Sophomore Junior Senior Graduate Student

Credit hours you will be taking this fall _____

(This committee shall use twelve hours or more as a guide for determining full time student status)

Current Major: _____ Degree Seeking: _____

Credit hours already earned: _____ Previous degrees earned: _____

Other colleges/universities attended _____

PART FIVE: APPARENT FINANCIAL NEED

**Please complete this section accurately and completely!
Failure to do so may result in disqualification from consideration**

Indicate the full cost of attending the indicated institution for the full academic year	Cost Category	Full Year Cost
	Tuition	\$
	Room and Board	\$
	Books	\$
	Other	\$
	A. Total	\$

Please list by name and type the total financial assistance from other scholarships and/or grants. Be specific. Do not include loans:	Name and Type	Full Year Amount
		\$
		\$
		\$
		\$
	B. Total	\$

Subtract the Total from B. from the Total in A. for the apparent financial need	\$
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Please list any information about financial need that would be helpful to this committee. Please be as detailed as possible. You may also attach any additional information to this form that you think would assist this committee.

Signature: _____ Date _____
(Application must be signed and dated to be considered complete)