



GRACE

Baptist Church

SCHOLARSHIP APPLICATION

TO THE APPLICANT:

This application is to provide information to the Scholarship Committee of the Diaconate of Grace Baptist Church in order for it to recommend candidates for scholarships that will be awarded on behalf of the congregation by the Diaconate. Please understand the criteria for each scholarship for which you are applying; applying for a scholarship for which you are not qualified may disqualify you for consideration for all scholarships.

The content, as well as the manner in which it is presented, will be considered by the Committee. The Committee may request that a candidate provide additional information and it reserves the right to make a recommendation to the Diaconate that a scholarship not be awarded, even if there is an applicant for it.

Information provided as part of this application will be held in the strictest confidence by the Committee and the Diaconate and will not be used or maintained for any other purpose than the consideration of the applicant for the scholarship(s) he or she is seeking.

By accepting a scholarship, the recipient specifically grants permission to the Committee, the Diaconate and Grace Baptist Church to make the awarding of the scholarship public, including but not limited to publication of the recipient's name, college, class year, major, and parents' names. The recipient also agrees to be available to appear during a service or program at the church for the purpose of being recognized as a scholarship recipient.

Should there be any questions, please contact Grace Baptist Church (office@gbconline.org).

APPLICATIONS MUST BE COMPLETE IN ORDER TO BE CONSIDERED.

THEY MAY BE RETURNED BY EMAIL (office@gbconline.org) OR MAIL. THEY MUST BE POSTMARKED OR DELIVERED BY FRIDAY, JUNE 14, 2019 TO THE FOLLOWING ADDRESS:

**GRACE BAPTIST CHURCH
ATTN: SCHOLARSHIP COMMITTEE
4200 DOVER ROAD
RICHMOND, VIRGINIA 23221**

Full Name of Applicant _____ Date: _____

George W. Sadler Memorial Scholarship—Member of Grace Baptist Church, who is or will be a full time student pursuing an undergraduate degree in an accredited college or university. (\$1,000)

Name of Applicant: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Home Phone: _____ Cell: _____

Name(s) of Parent(s) or Guardian(s): _____

Name and Location of High School: _____

_____ Year Graduated: _____

College: _____

Enrolled: _____ Accepted: _____ Wait-listed: _____ Pending: _____

This fall, I will be a: Freshman _____ Sophomore _____ Junior _____ Senior _____

Major and Concentration: _____

Church membership/religious affiliation: _____

Full Name of Applicant _____ **Date:** _____

If you are a dependent:

Parent's Occupation and Employer: _____

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Number and age(s) of other dependents (excluding yourself): _____

Parents' Federal Adjusted Gross Income (Specify 2017 or 2018): \$ _____

If you are not a dependent, provide information regarding your finances for the previous twelve months, including all sources of income and amounts, names of employers, job titles and Federal Adjusted Gross Income (specify 2017 or 2018). Provide this information on a separate sheet.

On a separate sheet, provide a list of all school activities in which you have participated (e.g. clubs, sports, student government, honor societies, band) in the current year and the previous three years, including positions held and all recognition, offices, honors and awards.

On a separate sheet, provide a list of all volunteer and community activities in which you have participated (e.g. church groups, scouts, hospital volunteer) in the current year and the previous three years, including positions held and all recognition, offices, honors and awards.

On a separate sheet, provide a list of all employment, showing employer, position, dates of employment and hours per week for the current year and the previous three years (unless previously detailed in the information provided if you are not a dependent).

On a separate sheet, provide a one-page explanation of any special circumstances you wish to have considered by the Scholarship Committee.

Provide a copy of your most recent academic transcript.

On a separate sheet, provide a description of how you plan to live out the values of your faith and to have an impact on your community after you have earned your degree. Please limit this to no more than 500 words.

All of the information provided to the Scholarship Committee of the Grace Baptist Church Board of Deacons is accurate and provided in good faith. I accept the terms, conditions, requirements and expectations set forth in this application.

Applicant signature: _____ **Date:** _____