

BAPTIST FOUNDATION OF SOUTH CAROLINA

APPLICATION FOR SCHOLARSHIP / YOUNG BCM

Please complete all areas of this application and return via US mail, email, or fax.
An eligible applicant must:

- complete all required information on the scholarship application
- be a **full-time undergraduate of a state-supported institution of higher learning in South Carolina**
- be **active in Baptist Collegiate Ministry (BCM)**
- submit evidence of a **Grade Point Average equivalent to at least C+ (2.5 or higher on a 4.0 scale)**
- submit **TWO letters of recommendation, one from your Collegiate Minister and one from a ministerial staff member from your home church**

FOR OFFICE USE ONLY:
Received: _____
Scholarship: _____
Approved By: _____
Award Amount \$ _____

IMPORTANT – A COMPLETED APPLICATION WITH ALL REQUIRED DOCUMENTATION MUST BE SUBMITTED. INCOMPLETE APPLICATIONS OR MISSING DOCUMENTATION WILL DISQUALIFY THE APPLICATION.

Dr. Rev. Mr. Mrs. Ms. Miss

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX (JR., SR., ETC.)

MAIL ADDRESS

CITY / STATE / ZIP CODE

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS

STUDENT ID / SSN	DATE OF BIRTH

HOME CHURCH (NAME/CITY)	CHURCH CURRENTLY ATTENDING (NAME/CITY, IF DIFFERENT)

COLLEGE/UNIVERSITY ATTENDING (MUST BE SC STATE-SUPPORTED)	CITY

FIELD OF STUDY	# HOURS FALL SEMESTER	# HOURS SPRING SEMESTER

ARE YOU ACTIVE IN BCM?	COLLEGIATE MINISTER NAME
<input type="checkbox"/> YES <input type="checkbox"/> NO	

CLASS YR (JUNIOR, ETC.)	GPA	ANTICIPATED GRADUATION DATE

Please provide a brief history of summer missions or other ministry experience:

Please state briefly your life's ambitions and plans for future career or vocation:

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Please state the reason this scholarship is needed:

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SIGNATURE	DATE

APPLICATION DEADLINE: **ALL APPLICATIONS MUST BE ACCOMPANIED BY REQUIRED DOCUMENTATION** in order to be considered for award.