

BAPTIST FOUNDATION OF SOUTH CAROLINA BARRY B. EDWARDS TRUSTEE SCHOLARSHIP

FOR OFFICE USE ONLY:

Received: _____

Scholarship: _____

Approved By: _____

Award Amount \$ _____

Please complete all areas of this application and return to the address at the bottom of this application form or fax to 803.799.9003.

To be considered for this scholarship, a student:

- must be currently enrolled in a South Carolina Baptist Convention university (Anderson, Charleston Southern, or North Greenville)
- must be either:
 - ~ a full-time undergraduate student of at least sophomore level; OR
 - ~ a full-time graduate level/seminary (graduate or doctoral) student *in a preparation for ministry program*
- must be pursuing a full-time Christian vocation as evidenced by their field of study and their written "call to vocational Christian ministry." (Example: An undergraduate student pursuing a degree in Spanish may qualify if their "call to vocational Christian ministry" indicates that the degree will be used to enable them in missions ministry.)
- must submit evidence of a Grade Point Average equivalent to at least C+ (2.5 or higher)
- must be an active member of a South Carolina Southern Baptist Church
- must submit TWO letters of recommendation – one from their pastor
- must submit a current FAFSA or most recent Federal Income Tax Return (please conceal SSNs) of the party (student or parent) responsible for paying tuition
- must submit the application and all required documentation by **April 30**

REQUIRED DOCUMENTS MUST ACCOMPANY THIS 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		DATE OF BIRTH	
HOME CHURCH (NAME/CITY)		CHURCH CURRENTLY ATTENDING (NAME/CITY, IF DIFFERENT)	
SC BAPTIST UNIVERSITY ATTENDING (ANDERSON U, CHARLESTON SOUTHERN U, NORTH GREENVILLE U)			
FIELD OF STUDY		# HOURS FALL SEMESTER	# HOURS SPRING SEMESTER
DEGREE BEING SOUGHT		CLASS Yr (JUNIOR, 1 ST YR MASTERS, ETC.)	CUMULATIVE GPA (MINIMUM 2.5)
<input type="checkbox"/> Undergrad <input type="checkbox"/> Masters <input type="checkbox"/> Seminary			ANTICIPATED GRADUATION DATE
WERE YOU NAMED AS A DEPENDENT ON YOUR PARENT'S FEDERAL INCOME TAX RETURN?		IF YES:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		NUMBER OF CHILDREN IN THE HOUSEHOLD (INCLUDING SELF):	
		NUMBER OF CHILDREN ABOVE IN COLLEGE:	
		IF NO:	
		INDICATE MARITAL STATUS	# OF CHILDREN
		<input type="checkbox"/> Single <input type="checkbox"/> Married	

RETURN COMPLETED APPLICATION AND ALL REQUIRED DOCUMENTATION VIA ONE OF THE METHODS BELOW:

MAIL: Baptist Foundation of South Carolina, 190 Stoneridge Drive, Columbia, SC 29210-8239

EMAIL: kristybyers@scbaptist.org OR jacquewenger@scbaptist.org / **FAX:** 803-799-9003

I AM PREPARING FOR A CHRISTIAN VOCATION:	INDICATE AREA OF VOCATIONAL MINISTRY
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide your Christian testimony and a brief history of missions or other ministry experience. (Submit on a separate page, if needed.)	
Describe your "call to vocational Christian ministry." (Submit on a separate page, if needed.)	
List scholarships, grants, or loan awards (include AMOUNTS) that will be applied to your tuition.	

The information which I have provided is accurate to the best of my knowledge.

SIGNATURE	DATE

For electronic signatures, this PDF document must be opened in Adobe Reader or Adobe Fill & Sign

**ALL REQUIRED DOCUMENTATION AND RECOMMENDATION LETTERS LISTED ON SIDE ONE
MUST ACCOMPANY THIS APPLICATION.**

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EMAIL: kristybyers@scbaptist.org OR jacquewenger@scbaptist.org / **FAX:** 803-799-9003