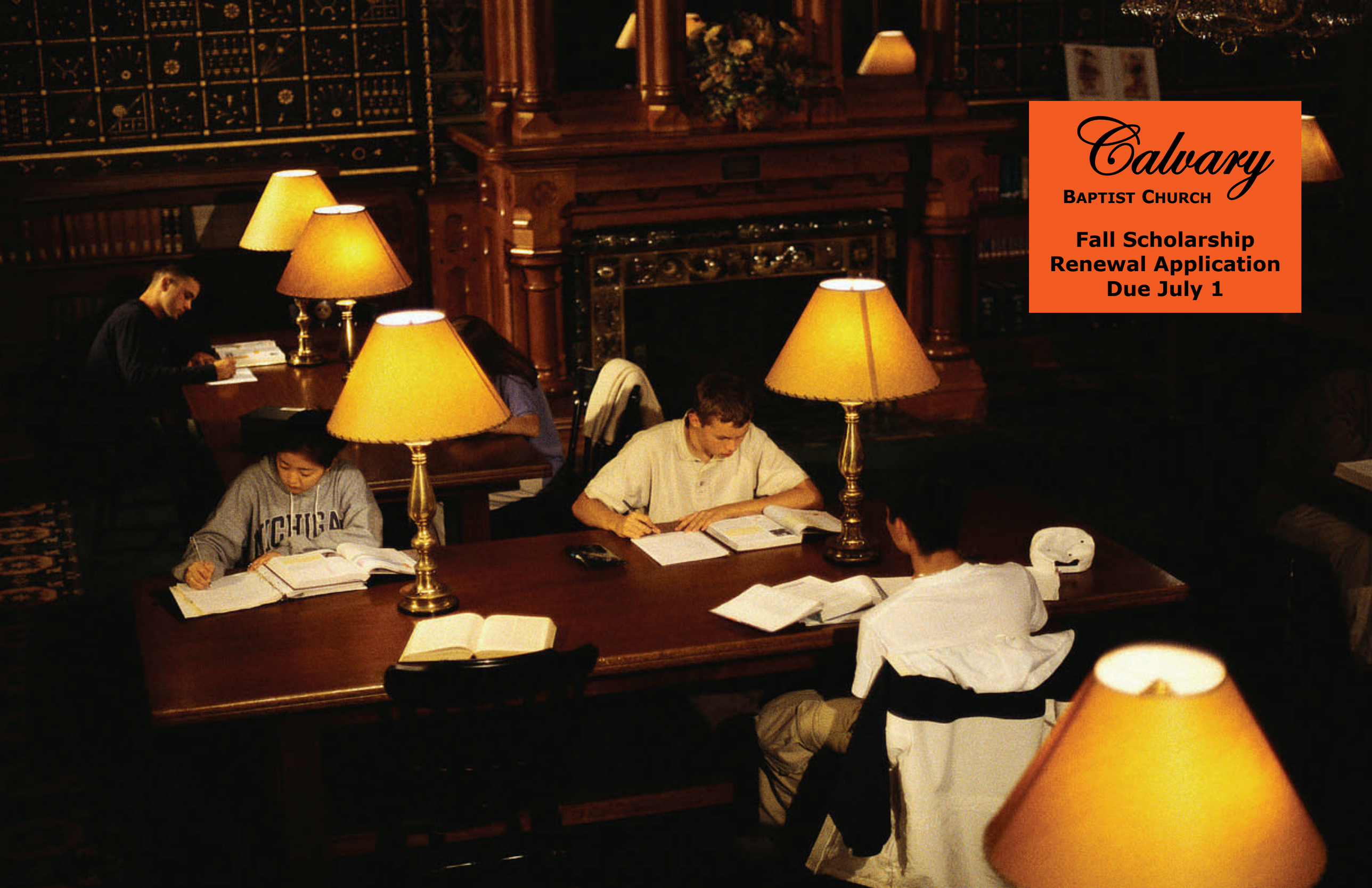

Calvary

BAPTIST CHURCH

Fall Scholarship Renewal Application Due July 1

Check Scholarship applying for: ☐ Ministry Scholarship Fund ☐ Meta B. Dicus. Scholarship ☐ Nursing Scholarship ☐ Nicholas Sechrist Scholarship ☐ Missionary Kids Scholarship

Full Name _____ Student ID # _____

Your school address _____

_____

Home # _____ Work # _____ Cell # _____

Email _____

Your home address _____

_____

School name & financial aid office address and phone # _____

_____

Marital Status ☐ single ☐ married ☐ engaged ☐ separated ☐ divorced

Spouse's full name _____

Name & ages of children _____

_____

Describe any directional changes in your original commitment to vocational Christian service and/or plans for future education. _____

_____

_____

For this semester, describe any plans for employment for yourself and/or spouse

_____

List any changes since your last application in your status or your spouse's status or your parents' status _____

_____

What will affect your financial needs _____

_____

Briefly describe any changes in your financial needs for future semesters, from that previously listed in your initial application _____

_____

How many more semesters are you planning to apply for financial assistance? _____

Briefly describe your church and ministry involvement during the previous term

_____

_____

List the courses and numbers of hours you are planning to take this coming semester

Courses	**Hours**

"Enclose a copy of your current official transcript" **Total hours this semester** _____

Financial Worksheet

This financial worksheet must be filled out accurately and completely in order for the Scholarship Committee to respond appropriately to your request. If any portion of the application is incomplete, the committee cannot award a scholarship. If you have any questions about the financial worksheet, call the Missions Office (336.714.5455).

Income	**Total per semester**
Income from work	$
Income from spouse's work	$
Support from parents or other	$
Other grants or scholarships	$
Savings available for expenses	$
Other sources (explain below)	$
Total Income	$

Expenses	**Total per semester**
Educational expenses	
Admissions/tuition	$
School fees	$
Books & supplies	$
Other 1.	$
2.	$
3.	$
Subtotal Educational Expenses	$
Personal expenses (total monthly expense for semester; e.g. $450 monthly rent x 4 = $1800 per semester)	
Housing	$
Food	$
Transportation	$
Utilities (if applicable)	$
Phone (plus cell, email)	$
Tithes & offerings	$
Clothing	$
Miscellaneous (detail below)	$
Subtotal Personal Expenses	$
Total Educ. & Personal Expenses	$

Amount requested	$

Signature _____

Date _____ Date mailed _____

Notes and comments about expenses not listed above. Type of insurance

_____

_____

_____

_____

_____

_____

_____

List other sources and all scholarships you have applied for. _____

_____

_____

_____

_____

_____

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_____

Mail to:

Calvary Baptist Church
Missions/Scholarship Committee
5000 Country Club Road
Winston-Salem, NC 27104