



Calvary

BAPTIST CHURCH

**Summer Scholarship
Renewal Application
Due April 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	\$ _____

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

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

Amount requested	\$ _____
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Signature _____

Date _____ Date mailed _____

Mail to:

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