

Hibernia Baptist Church

SCHOLARSHIP APPLICATION

Please read all requirements and print out application, fill it out, scan and email to thplatt@gmail.com.



ELIGIBILITY REQUIREMENTS:

The applicant must:

- be applying for a scholarship aid for post-secondary education, including college and trade schools
- be a member in good standing with Hibernia Baptist Church at the commencement of education supported by this scholarship

SELECTION CRITERIA:

- The scholarship will be awarded based on financial need, academics (including grade point average), character and the following:
 - A written, personal testimony regarding your relationship with Jesus and your faith experience.
 - References from *high school guidance counselors*
 - A personal reference letter from your Senior Pastor or pastoral staff member of Hibernia Baptist Church.

Applications must be typed [or neatly handwritten].

The Educational Scholarship Team of Hibernia Baptist Church will consider each applicant's grade point average (G.P.A.), financial need, personal testimony and overall character.

All application material and attachments must be received in the Hibernia Baptist Church Office between October 1 and March 31 each year.

Applications are reviewed during April and applicants are notified of their award during May of each year.

PROCESS:

- The scholarship will be awarded at least annually by Hibernia Baptist Church
- The scholarship will be administered by the Florida Baptist Foundation
- Scholarships may be awarded to more than one applicant
- The scholarship will be for tuition, books, and lab fees
- Applicants may apply for this scholarship annually

PLEASE *PRINT* ALL BELOW

Last Name: _____ First Name: _____ Middle Initial: _____

Street # and Address: _____

City: _____ State: _____ Zip Code: _____

Birth Date: Month _____ Day _____ Year 19____ Tel.# _____

Social Security #: _____ Marital Status: _____

E-mail: _____ Phone: _____

Name of high school/home school I where you received or will receive your high school/home school diploma:

Name of high school counselor: _____

Date of High School/Home School graduation: _____

Do you plan to enroll in a: College _____ Trade School _____ Other _____

What will be your college major or trade school skill? _____

When do you plan to start? _____ Educational institution or trade school you plan to attend:

REQUIRED ATTACHMENTS:

- *A written personal testimony concerning your relationship with our Lord Jesus Christ*
- *Three letters of recommendation from non-family members whose names are listed below:*
- Name 1: _____
- Name 2: _____
- Name 3: _____
- *A current FAMILY financial statement, listing (1) total revenues (including household) and sources of revenues (including scholarships), and expenses, including, but not limited to: Tuition, Books, Room and Board.*
- *Estimated annual cost of attending this educational institution: \$ _____*
- *Your official high-school transcript signed by the school employee who processed the document*
- *A recent photograph of yourself.*
- *Father's/Step-Father's name: _____ Occupation: _____*
- *Mother's/Step-Mother's name: _____ Occupation: _____*
- *Are you a past recipient of a Hibernia Baptist Church scholarship? Yes ___ No ___ If Yes, when _____*
- *Are you a member of Hibernia Baptist Church? Yes ___ No ___ If NO, where _____*

EXTRACURRICULAR ACTIVITIES (ministries, athletics, clubs, community service, offices held, etc.):

By signing below, I acknowledge that:

- All applications must be completed and received by the date shown above.
- Applications received after this date will not be considered for award.
- It is my responsibility to complete the application correctly, and Hibernia Baptist Church has no obligation to pursue information on my behalf which I have omitted from this application.
- If awarded, funds will be payable to the educational institution or trade school each quarter or semester.
- If recipient discontinues attending the college or trade school, the funds will be returned to the Scholarship Fund by the recipient's educational institution.

I, the undersigned, do attest that the information I have provided is true to the best of my knowledge.

(Signature of Applicant)

Social Security #

Student I.D.

(Date Signed)

Section Below to Be Completed by Guidance Counselor¹ or College Employee²

Please complete the following information for the above-named applicant. He or she is applying for a scholarship from Hibernia Baptist Church. The funds are managed and administered by the Florida Baptist Foundation. The applicant must return this form and an official student transcript with their application. It is their responsibility to submit this form to the Church Office. Your assistance is greatly appreciated!

APPLICANT'S CUMULATIVE GPA: _____ SAT Score: _____ High School Class Rank³ _____

Remarks or comments concerning this applicant (if personally known):

Signature High School Guidance Counselor or college employee processing official transcript request

Date

Phone number for above person _____ Fax #: _____

E-mail address for above person _____

¹ For high school seniors, you must obtain the signature of a Guidance Counselor from your school.

² For those in post-high school institutions, you must obtain the signature of the institution's employee who processed your official transcript request.

³ Required only for current high school seniors.