

District of Columbia Baptist Convention Foundation

Scholarship Application for First-time Seminary **Students**

	Applicant Information													
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Name: Mr., Ms, Rev., et al		Last			First				Middle					
IVII., IVIS, INE	v., et ai		Last								Middle			
Address:														
Street Address or Post Office Box									Apartment/Unit #					
City											ZIP Code			
Home			Cell Phone: ()						Birth Date:					
Phone: E-mail)	Cen	<u> </u>				Marital						
address(es)									Statu					
Local Chur														
must be an active member of DCBC):														
Education														
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College:				ation:										
Гио. 100		Та.	Did y		YES	NO	Dos	****						
From: Graduate		To:	gradı	iale?			Dec	gree:						
School:				ation:										
-		.	Did y		YES	NO	.							
From:		To:	gradı	iate?			Deg	gree:						
Other:			Loc	ation:										
From:		To:	Did y gradu		YES	ES NO Degree:								
					Semina	rv								
Seminary You						- ,		Registra	ar's					
(Will) Attend:								Name:						
Address:								ne:	()				
Degree or					Exped									
Program Pursued:					Grad Date				tion					
Number of Fal		Fall semest	I semester		Spring semester 20			_:		Summe	er or short			
		20:								term 20				
you will enr	OII:													
				Fina	ancial S	tatus								
Estimated of	current a	annual												
income:			\$ Employer (if an											
			Estimated cost of books (per											
Tuition (per semester):			\$ semester) \$					\$						
			*Assistance you											
Estimated living costs (per			•	questing				Are you applying for other Scholarships?						
month) If "Yes", where, and		\$	emester)	nester) \$				scholar	snips?	Ш				
what is the														
your reques	your request?													
* 9	\$2.500	per semest	er is the maximur	n scholars	hip awa	rd the Fo	unda	ation pro	ovides	ì_				

Supplemental Documents (Please attach to this application) A brief summary of your Christian experience and call to ministry A letter of recommendation from your pastor Three letters of reference from persons other than relatives A copy of the front page only of your most recent federal Accreditation (1040) A copy of your church current year giving to DCBC Disclaimer and Signature I certify that my answers are true and complete to the best of my knowledge. I have read the Scholarship Policy and Guidelines of the District of Columbia Baptist Convention Foundation. Signature: Date: Instructions: Application Deadlines: For the Fall semester: May 1; for the Spring semester: September 1 This application and all supporting documents are to be e-mailed (as attachment) to: Melany Tendeyong, Executive Director District of Columbia Baptist Convention Foundation 1628 16th St., NW, Suite 403 Washington, DC 20009 melany.tendeyong@dcbaptist.org Or send by fax: 202-234-8196 **Action (for Foundation use only)** Tax Return Pastor Letter Reference 1 Reference 3 Application Review Reference 2 Call Statement Church Giving Record Accreditation **Executive Director** Date Recommend (Notations): Deny (Notations): Committee Action Scholarship Chairman Date Approved for \$ _____ for semester Denied Mailing Instruction: Date Sent: (Reason): beginning ___ ☐ To Registrar **Board Action** ☐ To Student