



District of Columbia Baptist Convention Foundation

Scholarship Application

Applicant Information

Name:					
	<i>Mr., Ms, Rev., et al</i>	<i>Last</i>	<i>First</i>	<i>Middle</i>	
Address:					
	<i>Street Address or Post Office Box</i>				<i>Apartment/Unit #</i>
	<i>City</i>				<i>State</i> <i>ZIP Code</i>
Home Phone:	()	Cell Phone:	()	Birth Date:	
E-mail address(es)				Marital Status:	
Local Church Membership:					

Education

College:		Location:				
From:		To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Graduate School:		Location:				
From:		To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Other:		Location:				
From:		To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:

Seminary

Seminary You (Will) Attend:				Registrar's Name:	
Address:				Phone:	()
Degree or Program Pursued:				Expected Graduation Date:	
Number of hours for which you will enroll:	Fall semester 20__:		Spring semester 20__:		Summer or short term 20__:

Financial Status

Estimated current annual income:	\$	Employer (if any):			
Tuition (per semester):	\$	Estimated cost of books (per semester)	\$		
Estimated living costs (per month)	\$	*Assistance you are requesting (per semester)		Are you applying for other scholarships?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If "Yes", where, and what is the status of your request?					

* \$2,500 per semester is the maximum scholarship award the Foundation provides.

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)***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 mailed to:

Ellen Teague, Executive Director
District of Columbia Baptist Convention Foundation
1628 16th St., NW, Suite 403
Washington, DC 20009

Or send by fax: 202-234-8196Electronic attachment is also accepted by email to melany.tendeyong@dcbaptist.org. If possible, please scan application with your signature.**Action (for Foundation use only)**

Application Review	<input type="checkbox"/> Pastor Letter	<input type="checkbox"/> Reference 1	<input type="checkbox"/> Reference 3	<input type="checkbox"/> Tax Return		
	<input type="checkbox"/> Church Giving Record	<input type="checkbox"/> Reference 2	<input type="checkbox"/> Call Statement	<input type="checkbox"/> Accreditation	Executive Director	Date
Committee Action	Recommend (Notations):		Deny (Notations):			
					Scholarship Chairman	Date
Board Action	Approved for \$ _____ for semester beginning _____		Denied (Reason):		Mailing Instruction: <input type="checkbox"/> To Registrar <input type="checkbox"/> To Student	Date Sent: