



P.O. BOX 71486, N. CHARLESTON, SC

The Charleston Baptist Association will offer annually scholarships up to an amount of \$2,000 (\$1,000 per semester), as investment income permits, to worthy students attending a college or university supported by the SC Baptist Convention or students that will be pursuing an acceptable seminary/ministry degree.

The scholarship will be awarded based on the following requirements. The applicant must:

- be a **permanent** resident in the Charleston Area
- be an **active member** in a Charleston Baptist Association Church which contributes a minimum of \$250 annually to the CBA
- provide a **brief statement** of their Christian faith and how they came to accept Jesus as their Savior
- have **outstanding** Christian character and ability
- have a **need** for financial assistance
- have all **references** submitted to the committee (1 pastor, 1 academic, 1 personal)

It is important that **all** requirements are met.

We encourage you to make members of your congregation aware of the availability of these scholarships. An application is included for duplication, if desired. For additional copies call 843-723-4571. (Will also have an online application/PDF.)

Completed applications should be mailed to the CBA Scholarship Committee:

Charleston Baptist Association
P.O. Box 71486
North Charleston, SC 29415.

Or emailed to office@charlestonbaptist.net

CHARLESTON BAPTIST ASSOCIATION
CBA Scholarship Committee
PO Box 71486, North Charleston, SC 29415

The Charleston Baptist Association awards scholarships of up to \$1,000.00 per semester for a total of up to \$2,000.00 to a Baptist Student (or students) accepted at a college or university supported by the SC Baptist Convention or a student pursuing an acceptable seminary degree. This scholarship will be awarded to a permanent resident of the Charleston Area who is an active member in a Charleston Association (CBA) church, based on the qualifications of the applicant. Applications are to be returned to the above address or emailed to office@charlestonbaptist.net.

*Scholarship amount is contingent on number of students applying and availability of funds.

APPLICATION INFORMATION

Name: _____ / _____ / _____ Phone: _____
Last First M.I.

Permanent Address:

_____ / _____ / _____
Street or PO Box City Zip

Date of Birth: ____/____/____ Sex: ____ Church Membership: _____

Employer: _____ Occupation: _____ Annual Income: \$ _____
(including salary, bonuses, other financial benefits)

EDUCATIONAL BACKGROUND

High School: _____ / _____
Name Address

College: _____ / _____
Name Address

Dates of Graduation: High School _____ College _____

College/Seminary where scholarship will be applied (if different from above): _____

Degree or Area of Study _____

FAMILY INFORMATION

Marital Status: Single ____ Married ____ Divorced ____ Separated ____

IF MARRIED:

Spouse's Name: _____ Number of Dependents _____ Ages: _____

Employer: _____ Occupation: _____ Annual Income: \$ _____
(including salary, bonuses, other financial benefits)

IF SINGLE:

Father's Name: _____ Phone: _____

Address: _____ / _____ / _____
Street or PO Box City Zip

Other financial resources: _____

Please List any other financial considerations (such as hardships) which might affect your educational needs:

WORK EXPERIENCE

List work experience for the past two years; (indicate type of work, length of employment)

1. _____ / _____ / _____
Employer Type of Work Length of Employment

2. _____ / _____ / _____
Employer Type of Work Length of Employment

3. _____ / _____ / _____
Employer Type of Work Length of Employment

Do you plan to be employed during the upcoming school year? YES _____ NO _____

If yes, how much do you anticipate earning \$ _____

Where will you live during the upcoming school year? ON CAMPUS _____ HOME _____ OTHER _____

If Other, where _____

VOCATIONAL INFORMATION

What vocation/work are you considering?

1. _____ 2. _____

CHARACTER REFERENCES

Pastor: _____ / _____ / _____
Name Email Phone

School Teacher
or Official: _____ / _____ / _____
Name Email Phone

Friend of Family
(NOT a relative): _____ / _____ / _____
Name Email Phone

APPLICANT'S SIGNATURE: _____

CONFIDENTIAL REFERENCE FORM
 CBA Scholarship Committee
 Charleston Baptist Association
 PO Box 71486, North Charleston, SC 29415

The information indicated below is necessary before the applicant can be considered for a scholarship from the CBA. Please give honest opinions of the information known to you and return to the above address by March 1st. This applicant *will not* be considered without your reference, and your answers will remain confidential.

Name of Applicant: _____

Your Name: _____

Your Title: ___ Pastor ___ School Teacher or Official ___ Friend of Family (Not a relative)

EVALUATION	Excellent	Good	Average	Fair	Poor	Unknown
Character						
Dependability						
Home Background						
Future Focus/Vision						
Emotional Health						
Leadership Potential						
Healthy Friendships						
Scholastic Standing						

How long have you known the applicant? _____

Do you believe the applicant can do college work? _____

FOR PASTORS:

Is the applicant a member of your church? YES ___ NO ___ Applicant's Family? YES ___ NO ___

Check activities in which applicant is active:

- ___ Church Attendance
- ___ Sunday School
- ___ Small Groups
- ___ Music Ministry
- ___ Outreach/Missions

FOR SCHOOL OFFICIALS:

Where is the applicant ranked in their class:

- ___ upper fourth
- ___ upper half
- ___ lower half

OTHER COMMENTS:

Submitted by: _____
Signature Date