



# BAPTIST FOUNDATION OF INDIANA

POWERED BY  WatersEdge

## 2024-2025 Scholarship Application

### Personal Information

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Marital status: \_\_\_\_\_

Date of salvation: \_\_\_\_\_ Date baptized: \_\_\_\_\_

Church membership: \_\_\_\_\_

Church address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Pastor's name: \_\_\_\_\_ Pastor's phone: \_\_\_\_\_

Pastor's email: \_\_\_\_\_

Do you affirm your belief in the Baptist Faith and Message 2000? \_\_\_\_\_

Please list your church, school and community activities: \_\_\_\_\_

**Briefly describe an event or a person that has profoundly affected your life:**

A large, empty rectangular box with a thin black border, intended for the user to write their response to the prompt above.

## Educational Information

School you plan to attend: \_\_\_\_\_

School address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Have you been accepted to this school? \_\_\_\_\_

What was your GPA last term? \_\_\_\_\_ What is your cumulative GPA? \_\_\_\_\_

What degree do you plan to pursue? \_\_\_\_\_

For what vocation are you preparing? \_\_\_\_\_

How many years have you completed? \_\_\_\_\_

Do you intend to enroll as a full-time or part-time student? \_\_\_\_\_

What is your anticipated date of graduation? \_\_\_\_\_

Briefly describe why you chose your degree program and school: \_\_\_\_\_

## Financial Information

Number in household (including self): \_\_\_\_\_

Annual household income (*total all income, including self, spouse or parents/guardians*): \_\_\_\_\_

Amount of support expected from family members or others: \_\_\_\_\_

Will you or do you expect to receive any other scholarships? \_\_\_\_\_

Are your parents in vocational ministry? \_\_\_\_\_

# Employment Information

Name of your current or most recent employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Beginning date of employment: \_\_\_\_\_

Ending date of employment: \_\_\_\_\_

# Reference Information

## 1. First Reference

- Name: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_

## 2. Second Reference

- Name: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_

## 3. Third Reference

- Name: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_

## Miscellaneous Information

If applicable, provide a statement of special circumstances which should be considered in determining your scholarship application. You may provide this statement in a separate document.

## Signature

Full Legal Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_