

EST. 1967

BAPTIST FOUNDATION
OF INDIANA

POWERED BY  WatersEdge

2026-2027 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: _____

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: _____