

HILLCREST BAPTIST CHURCH  
L O Y  
MCHARGUE  
S C H O L A R S H I P

## 2015 SCHOLARSHIP APPLICATION

**PURPOSE/GOAL:** To provide financial assistance for first year students for post-secondary education for eligible applicants.

**ELIGIBILITY:**

- Applicant must be an active member in good standing of Hillcrest Baptist Church and an active member of the Student Ministry.  
*\*An applicant in good standing is based on the Ministerial Reference form.*
- The applicant must be a senior in high school and will receive a high school diploma upon graduation.
- Two (2) \$1,000.00 scholarships will be awarded in the year of 2015.

**GUIDELINES:**

- No preference will be given regarding gender, ethnicity, financial circumstances, age or social status.
- The monetary amount of each scholarship will be given per semester, based on the availability of funds approved by the finance/scholarship committee and given directly to an accredited institution. No monetary awards will be given to an applicant.
- The applicant will fill out and submit the application by Friday, April 24, 2015, to a member of the ministerial staff of Hillcrest Baptist Church.
- The ministerial staff will complete Section C of the application (ministerial reference) by Monday, May 4, 2015, and submit the application to the scholarship committee.
- The scholarship will be awarded on Graduation Sunday, May 17, 2015.
- The scholarship must be used during the 2015–2016 school year.

**APPLICATION PROCESS:**

1. The applicant will obtain a scholarship application from the church office.
2. The applicant will fill out Sections A and B of the application, provide the requested attachment, and turn it in to a member of the ministerial staff.
3. The ministerial staff will complete Section C of the application.
4. The scholarship committee will meet and select the scholarship recipients.

## SECTION A: PERSONAL INFORMATION

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Residential Address: \_\_\_\_\_  
STREET APARTMENT

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parents/Guardian: \_\_\_\_\_  
NAME OCCUPATION PHONE NUMBER

College Attending: \_\_\_\_\_

Financial Aid Office Address: \_\_\_\_\_  
STREET OR P.O. BOX

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

*The information contained in this application is considered to be confidential.*

## SECTION B: FOR THE APPLICANT ONLY

1. In a typed attachment, please provide your personal testimony. Also, please discuss your involvement in church and related activities, and how your involvement has helped you grow in your Christian walk. Also, in a separate statement share why you are applying for this scholarship.
2. Once you have completed your typed testimony, please attach it to the application. The application then must be given to a member of the ministerial staff to provide a reference for you.
3. Once completed with their portion of the reference form, the staff member will provide the application to the scholarship committee.

