

SECOND BAPTIST CHURCH OF DOYLESTOWN

**FIRST TIME SCHOLARSHIP APPLICATION
FOR GRADUATING HIGH SCHOOL SENIORS**

\$500.00

1. Applicant's Name _____
2. Home Address _____
3. Phone Number _____
4. How long have you been a member of SBCOD? _____
5. Have you been accepted into College or University? _____
6. If yes, name and address of the College or University where this scholarship
will be applied

7. Major (if applicable) _____
8. List church activities you have participated in _____

(continued)

This completed form along with the **below listed items** constitute the Scholarship application package. All items are required and must be submitted by the application deadline of **May 15. Only completed applications, with all necessary attachments, will be considered.**

- List school, community activities and honors (separate sheet of paper).
- A short essay reflecting hopes for your education and how you will use it for Christian service (separate sheet of paper).
- Submit an **official** copy of your High School transcript.
- College Acceptance Letter
- Letters of recommendation from the following:
 - SBCOD member
 - School Principal, Counselor or Teacher
 - Personal Character Reference

**APPLICATIONS SUBMITTED AFTER THE DEADLINE WILL NOT BE ELIGIBLE
FOR CONSIDERATION**

I understand the requirements, policies, and procedures for applying for the SBCOD Scholarship. By my signature below, I certify the information I provided on and in connection with this application is true, accurate and complete.

Signature

Date