

**THE BAPTIST COLLEGE OF FLORIDA
INSTITUTIONAL SCHOLARSHIP APPLICATION
2017-2018**

INSTRUCTIONS:

- Applications must be typed or completed in blue or black ink.
- Admission to BCF is **required** before you will be considered for any scholarship.
- To receive priority consideration for institutional scholarships, you must be admitted and submit a scholarship application by April 15. Students applying after this date will be considered for institutional scholarships not awarded to priority applicants.
- Application must be postmarked by April 15 for priority consideration. Scholarship applications received after this date will be considered as alternates.
- Letters of recommendation are not required but may be included at the discretion of the applicant.
- The scholarship application must be mailed separately from the admissions application. The mailing address for the scholarship application is located on the last page of this form.
- Only one application is required for consideration for all BCF scholarships.

PERSONAL DATA

Name: _____
Last First MI

Social Security Number: _____

Permanent Home Address: _____
Street Address City State Zip

Address While In School: _____
Street Address City State Zip

Date of Birth: ____/____/____

Sex: Male Female

Home Phone: _____ **Cell Phone:** _____

E-mail address: _____

Citizenship Status:

- U.S. Citizen
 Eligible Non-Citizen #A _____
 Foreign Student

Marital Status:

- Single
 Married
 Separated from Spouse

Ethnicity (for federal/state reporting purposes)

- White, non-Hispanic Black, non-Hispanic
 Hispanic Asian or Pacific Islander
 American Indian, Alaskan Native

Church: _____ **Denomination:** _____

Association: _____ **Date Joined Church:** ____/____/____

Have you been awarded the citation award from Awana Clubs International? Yes No

STUDENT'S EDUCATIONAL DATA

Have you graduated from High School or received a GED? Yes No

If yes, give _____
Name of High School City

Date of high school graduation: _____/_____/_____
Month Year

ACT Score _____ SAT Score _____ H.S. GPA _____

Name(s) of all college(s) attended _____

Have you previously earned a bachelor's degree? Yes No

Current College Level: Freshman Sophomore Junior Senior

Current Cumulative GPA: _____

Current BCF Student: Yes No

EDUCATION OBJECTIVES

Degree you expect to earn (Ex. Bachelor's) _____ Major _____ Minor _____

SUPPORTING INFORMATION

Please attach a letter explaining your educational plans, career goals, and why you would like to be considered for scholarships. The length of this statement is not specified; it should be comprehensive. Please staple this letter along with resume and letters of recommendation, if any, to this application.

AWARD AGREEMENT

In the event I am awarded an institutional or endowed scholarship, I understand that those awards may not exceed my institutional expenses at The Baptist College of Florida. Institutional expenses are defined as tuition, lab fees, and on-campus room and board unless defined otherwise in an endowed scholarship agreement. Any institutional or endowed awards above my institutional expenses will be returned to the College. I also understand that if I withdraw from classes during any period, my scholarship and financial aid may be halted, reduced, or I may be required to pay the scholarship award back to the College. _____ (initial).

RELEASE STATEMENT

If you wish to be considered for financial assistance offered by scholarship committees or individuals other than the staff at The Baptist College of Florida, the Office of Financial Aid must have your permission to release confidential information. Also the Office of Financial Aid must have your permission for news and public relations releases. The release statement reads as follows:

I hereby authorize the BCF Office of Financial Aid to release information contained in my scholarship application to a third party, if the purpose of the release of this information is in connection with my eligibility for receipt of a scholarship. Such third parties include scholarship committees or individuals who need information in order to award financial assistance. Also, I give the Office of Financial Aid permission to release directory information for news and public relations bulletins, should I receive a scholarship. _____ (initial)

CERTIFICATION

By signing this certification statement I, certify that all information on this application for financial assistance is complete and correct.

I further certify that I will use the financial aid only to pay the cost of attending The Baptist College of Florida.

Signature Date

Please return completed application to:
The Baptist College of Florida, Office of Financial Aid • 5400 College Drive, Graceville, FL 32440
Phone: (850) 263-3261 or (800) 328-2660 ext. 470