

**Mt. Carmel Baptist Church
Scholarship Application
(High School Students)**

Deacon _____

Applicant's Name _____
Last First Middle

Address of Applicant _____
(Include Zip Code)

Age _____ Date of Birth _____

Parent(s)/Guardian(s) _____

Home Telephone _____

Father's Occupation _____ Annual Income _____

Mother's Occupation _____ Annual Income _____

Other Children in the Family Total _____ Brothers _____ Older _____ Younger _____
Total _____ Sisters _____ Older _____ Younger _____

How many family members will be enrolled in a college program next year? _____

To which colleges/vocational-technical school have you been accepted?

What is your anticipated major? _____

Briefly state your reason for wanting to further your education and identify the main goal you expect to achieve by furthering your education?

Have you applied for Financial Aid/Scholarships? Yes _____ No _____

If yes, please list those for which you have applied and those which you have received:

APPLIED:

RECEIVED:

Use the following space below to list school/community honors and awards, school and community activities (to include offices held, athletic participation, volunteer activities, church involved activities and work experiences).

APPLICANT SIGNATURE _____

PARENT(S) SIGNATURE _____

TO BE COMPLETED BY THE GUIDANCE COUNSELOR

CLASS RANK _____ TOTAL IN CLASS _____ GPA _____

COLLEGE ENTRANCE EXAM SCORES:

VERBAL _____ MATH _____

COUNSELOR'S SIGNATURE _____

PLEASE ATTACH A COPY OF THE STUDENT'S TRANSCRIPT