



Mt. Calvary Missionary Baptist Church Scholarship Application

Purpose: The Mt. Calvary Missionary Baptist Church offers Scholarships to any member of the Mt. Calvary Missionary Baptist Church who is a high school senior and plan to attend a College/University. This application is used by the Mt. Calvary Missionary Baptist Church Scholarship Committee to evaluate applicants and to recommend scholarship winners.

Please print or type all the information on the application.

To qualify for this scholarship, the applicant must be a member in Good Standing with Mt. Calvary Missionary Baptist Church who is a high school senior, plan to attend a College/University and have a minimum G. P. A. of 2.5 or higher.

A Pastoral Recommendation is encouraged.

Basic Information			
Name:	Telephone #	# of Family Members:	
Address:	City:	St.	Zip Code:
Name of High School Attending			
School Name:	Un-weighted G. P. A.	On a Scale of:	
	Weighted G. P. A.	On a Scale of:	
	Composite ACT Score	Composite SAT Score	
Address:	City:	St.	Zip Code:
Extra Curricular Activities			
High School Activities:	Offices Held:		
Community Activities:	Offices Held:		
Church Activities (Give Name of Church)	Offices Held:		
Hobbies:			
Name of College/University Attending			
School Name:	Major:		
Address:	City:	St.	Zip Code:
Essay and Other Information			
(Information in this Section should be submitted as an attachment)			
1. On an attached sheet, please submit a 500-word essay that answers the following questions.			

- What is your goal in life and what career are you interested in pursuing?
- Why do you want to continue your education?
- Why should you be considered for this scholarship?
- Who is your role model and why do you admire him or her?

Student Certification

Statement of Applicant:

I, _____, certify that I am a member in Good Standing with a Missionary Baptist Church in the Consolidated District, that I will be a full-time Student at a College/University during the coming academic year, and that the information submitted with this application is true and correct.

Signature of Applicant:

Date:

Parents Information and Certification (if under 18 years of age)

Name of Parent (s) or Guardian(s)

Telephone #

Address

City

St.:

Zip Code

Statement of Parent or Guardian:

I, _____ have read the application in full and hereby state that, with my consent, _____ is applying for the Consolidated District Laymen Scholarship.

Signature of Parent or Guardian:

Date:

Relationship to Applicant:

Attach a copy of your High School Transcript and your Letter of Acceptance to the College/University of your choice.

Mail To:

**Attn: Scholarship Committee
Mt. Calvary Missionary Baptist Church
P. O. Box 54750
Lexington, Kentucky 40555-4750**

Or

Email: onthemt22@gmail.com

Deadline: