

**THE BAPTIST COLLEGE OF FLORIDA  
INSTITUTIONAL SCHOLARSHIP APPLICATION  
2019-2020**

**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 June 15. Students applying after this date will be considered for institutional scholarships not awarded to priority applicants.
- Application must be postmarked by June 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