SCHOLARSHIP BENEFIT

DESCRIPTION
For over 100 years, Baptist Life has been supporting and insuring Christians. The support of our members takes on many forms. We currently award scholarships to a limited number of students who have achieved excellence in their studies and personal lives. God’s word tells us, “Wise people store up knowledge…” (Proverbs 10:14 NKJV). As our members contemplate higher education, a Baptist Life Scholarship can help support their quest “to store up knowledge.”

Baptist Life’s Scholarship Program currently provides a limited number of $1,000 annual scholarships for full time students. Scholarships apply to undergraduate and graduate studies at any accredited educational institution. Awards are based on academic achievement, financial need, and ambitions/goals. All Awards are for one school year only. Students must re-apply each year for a new scholarship if they desire multiple awards.

REQUIREMENTS
* Applications must be requested between January 1st and May 1st each year.

* Applications must be in our office no later than May 31.

* Applicant must be insured on a premium-paying or paid-up Baptist Life certificate for at least a 24 month period preceding the scholarship application deadline.

* The application must be neatly completed and every question must be answered.

* The financial section of the application should report annual personal, parental, and spousal gross income. We reserve the right to request verification before granting the award.

* Copies of academic transcripts from grade nine through the most recent year must be enclosed with the application or faxed to us before the application deadline of May 31st. When answering the question of rank in class, please indicate the total number of students in your graduating class.

* No applicant may receive more than four (4) annual awards.

* Scholarship recipients will be notified via letter by July 15th, and winners will be announced in Baptist Life’s News & Views publication.

* Scholarship award checks will be sent each semester to the institution that the applicant will be attending, and be made payable to the student AND the institution. In the case of early withdrawal from school, the scholarship will be forfeited.

* Decisions of Baptist Life Scholarship Committee, which has sole responsibility for scholarship awards, will be final.

* Family members of the Baptist Life Board of Directors, officers or employees are not eligible to participate.

Send application and transcripts to: Scholarship Committee
Baptist Life Association
8555 Main St.
Buffalo, NY 14221-7494
SCHOLARSHIP APPLICATION

PERSONAL
Name: ______________________________ Certificate No.: ______________________
Home Address: ________________________________________________________________
Date of Birth: ____________ Phone No.: (     ) __________ Email: ______________________
Parents’ Names: ______________________________________________________________
Parents Occupation(s):  Father ____________________________ Mother ____________________
Total number of family members living in your household: _________________________
Are there any other family members attending college? Yes ______ No ______
If so, how many in your household are full-time? ____________ Part-time? ____________
Name, address and phone number of college or accredited school you will be attending:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Phone No.: (     ) ______________________
Will you be attending full-time? ______ Part-time? ________
Number of credit hours per semester: ______________________
What is your major college course of study? ___________________ Minor? ______________
What are your career plans/goals after college graduation? ________________________
Describe your reason(s) for choosing this career:
____________________________________________________________________________
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Baptist Life Association
8555 Main St † Buffalo, New York 14221-7494 † 716-633-4393 † 800-227-8543 † Fax 716-633-4916 † www.baptistlife.org
Supporting and Insuring Christians since 1883

A-081-0507
ACADEMIC RECORDS

Name, address and phone number of high school you attended:  Graduation date: ___________

__________________________________________________________________________________

__________________________________________________________________________________

Name, address, and phone number of college you attended:  Graduation date: ___________

__________________________________________________________________________________

__________________________________________________________________________________

Phone No.: ( ) __________

Phone No.: ( ) __________

Grade point average: __________________________  Rank in class/size: ___________

List any scholastic awards won (local, county, district or state):

__________________________________________________________________________________

__________________________________________________________________________________

List any activities you participated in during your high school or college attendance (class officer,  
dramatics, athletics, music, etc.):

__________________________________________________________________________________

__________________________________________________________________________________

List any organizations and activities you are involved with in your church, community, etc.:

__________________________________________________________________________________

__________________________________________________________________________________

PASTORAL REFERENCE

Please provide a brief character reference of applicant with emphasis on any special talent:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Pastoral Reference continues on next page…….
PASTORAL REFERENCE CONTINUED

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

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________________________________________________________________________________

Signature                                                                 Date

FINANCIAL INFORMATION

Have you applied and/or received other scholarship awards? Yes ____ No ____

If you answered YES to the previous question:

Type of award: ___________________________ Donor: ___________________________
Monetary value: ___________________________

Type of award: ___________________________ Donor: ___________________________
Monetary value: ___________________________ (use a separate sheet, if space is needed)

Please state your financial reason(s) for applying for this scholarship:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

_______________________________

College tuition:

Room and board: ______________________ Home? _____ Campus? ____

Fees, books, etc.: ______________________

Misc. costs (transportation, personal, etc.): ______________________

Will you be employed during the school year? Yes ____ No ____ Summer? Yes ____ No ____

Your annual income: ______________________

Parents' annual income: ______________________

Spouse's annual income: ______________________

Costs contributed by parents: ______________________

Costs contributed by you: ______________________
PERSONAL TESTIMONY

You are encouraged to present any information about yourself you feel will be beneficial to the Scholarship Committee. Please give as much information as you can – i.e. your interests, hobbies, strengths, etc., to help our committee get to know you and your walk with God.

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Signature

Date

Attach an official transcript of your school records to this application.

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