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| *Dr. Timothy Davish Memorial Scholarship Application*  **Scholarship application deadline and timelines for money distribution:** The annual deadline for scholarship applications will be June 1st. The first check will be distributed on July 15th. The 2nd semester check will be distributed on Jan 10th with records of fall semester and enrollment record of the next spring semester to be received by Dec 31st. If a nontraditional calendar is used for education, an application needs to be received no later than 45 days prior to the start of the first class to ensure enough time for the scholarship committee to review the application and to grant a scholarship prior to the start of classes. If an application is received late, the application will still be considered, however the scholarship may not be granted prior to the start of classes. Scholarship cannot be applied for classes that are already started and/or completed. Please attach unofficial transcript showing at least the last two semesters of education completed. Please attach list of courses along with total credit hours per course and dates of course.  **How scholarship amount will be determined:** There is no minimum number of hours required to be eligible for the scholarship. The scholarship is prorated for $60 per credit hour enrollment up to 12 credit hours per semester or $500 per semester. Nontraditional calendar schools will have a maximum benefit of $1,000 per year with June 30th being the official end date for each eligibility year.  **Responsibilities of the recipient following scholarship disbursement:** Recipient will provide proof of completion of coursework (an unofficial transcript or equivalent letter by a representative of the school will be acceptable) before additional funds will be distributed. Failure of a course will result in scholarship suspension until proof of an acceptable grade is submitted. Recipients will need to apply for scholarship annually. | | | | | | | | | | | |  | |
| **Please submit your application by email, fax or mail to:**  **fbcalive@fbcalive.org or fax (620) 223-3906 or mail:**  **First Baptist Church**  **123 Scott Ave.**  **Fort Scott, KS 66701**  **Applications by also be hand delivered to the church office anytime at the same location.** | | | | | | | | | | | | | |
| I, |  | | | | | | hereby state that I understand the following conditions for application of | | | | | | |
| the Dr. Timothy Davish Memorial Scholarship: (1) I have completed high school with a diploma or an equivalent GED. (2) I will maintain a GPA of 2.5 or higher on a 4.0 scale and my previous two semesters of schooling have also maintained at minimum a 2.5 on a 4.0 scale. (3) I am or plan on attending an accredited school pursuing a ministry-related degree. (4) I am a member of a religious organization promoting the teachings of Jesus Christ. (4) Application is not a guarantee of award and as such, I hold harmless First Baptist Church, its officers and the scholarship selection committee should it be determined that I am not granted a scholarship. (5) I affirm that all of this application is my own work (not from any cited reference) and I affirm the information contained herein is true and accurate to the best of my knowledge and belief. | | | | | | | | | | | | | |
| Date | |  | | | Signature |  | | | | | | | |
|  | | | | | | | | | | | | | |
| Legal name in full  (Print/Type) | | | |  | | | | |  | |  | |  |
| Last Name | | | | | First Name | | M.I. | |
| Permanent residence | | | |  | | | | | | | | | |
| Number, Street, and Apartment Number | | | | | | | | | |
|  | | | |  | | | | | | |  | |  |
| City | | | | | | | State | | ZIP |
| Your address at school  (only if different) | | | |  | | | | | | | | | |
| Number, Street, and Apartment Number | | | | | | | | | |
|  | | | |  | | | | | | |  | |  |
| City (if studying abroad, add country) | | | | | | | State | | ZIP |
| How is permanent residence established?  (At least two must apply.)   * Home address for school registration * Place of registration to vote * My primary residence | | | | | | | | | Home telephone | | (    ) | | |
|  | | |
| Cell telephone  (only if different) | | (    ) | | |
|  | | |
| E-mail address |  | | | |
|  | | | | |
| Name | | |  | | | | |  | | | | | |

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| Which school will you attend? | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Current cumulative GPA |  | | | | on a scale of | | | |  | | (Only of the most recent 2 semesters.) | | | |
|  | | | | | | | | | | | | | | |
| What is your degree major(s) | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Number of college credits earned to date | | | | | |  | | Total number of credits required for graduation | | | | | |  |
|  | | | | | | | | | | | | | | |
| What date do you expect to receive a degree? | | | | | | |  | | | Degree you will receive? | | |  | |
|  | | | | | | | | | | | | | | |
| Assoc. degree(s) sought | |  | | | | | | | | Concentration(s) | |  | | |
| **11. If selected as a Truman Scholar, would you apply for the Washington Summer Institute? If yes, where would you like to work and what issues would you like to address?** | | | | | | | | | | | | | | |
| Bac. degree(s) sought | |  | | | | | | | | Concentration(s) | |  | | |
| **11. If selected as a Truman Scholar, would you apply for the Washington Summer Institute? If yes, where would you like to work and what issues would you like to address?** | | | | | | | | | | | | | | |
| Graduate degree(s) sought | |  | | | | | | | | Concentration(s) | |  | | |
| **11. If selected as a Truman Scholar, would you apply for the Washington Summer Institute? If yes, where would you like to work and what issues would you like to address?** | | | | | | | | | | | | | | |
| Doctoral degree(s) sought | |  | | | | | | | | Concentration(s) | |  | | |

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| **Describe your current and past church involvement with duration in each area.** | | |
| **Name of Church or Institution/Location** | **Role** | **Dates of Service** |

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | |
| **1. Describe the education program you intend to pursue with this scholarship.** | | | |
| **2. What do you hope to do and what position do you hope to have upon completing your studies?** | | | |
| **3. What do you hope to do and what position do you hope to have five to seven years later?** | | | |
| **4. What additional personal information do you wish to share with the Dr. Timothy Davish Memorial Scholarship selection committee?** | | | |