

Barnabas Scholarship Application

Ambassador Baptist College
101 Stockton Street
Shelby, NC 28150
704-434-0303

Ambassador Baptist College has established the Barnabas Scholarship to assist certain qualified students with the cost of their studies. The College Scholarship Committee evaluates all applications, and those students who are approved will receive a \$500 per semester scholarship (\$1000 total) to be applied toward the cost of their tuition. All current and prospective students who meet the following criteria are encouraged to apply:

- a. Each applicant must be either a dependent child of a full-time Christian worker or the third of three dependent children currently enrolled at Ambassador Baptist College.
- b. The applicant must be a full-time student, enrolled in a minimum of 12 semester-hours, and must maintain a cumulative GPA of 2.0. In addition, students are expected to maintain an acceptable Christian testimony at all times. Students who receive a scholarship but fail to successfully complete the required class hours, fall below the GPA threshold, or damage their testimony, may have the scholarship rescinded.
- c. Applicants must also fulfill all normal requirements for attendance at Ambassador Baptist College.
- d. Approved applications are valid for one academic year only. Approved Spring Semester enrollees must reapply for the next academic year.
- e. Applications received after the second week of the term will not be accepted.

The information provided on this form will be used by the College for the intended purpose only and will be kept in strict confidence.

STUDENT INFORMATION: (Please print all information clearly.)

Application for: Fall ____ or Spring ____ Year 20____

Classification: Freshman Sophomore Junior Senior (circle one)

Name: _____ Date Completed: ____/____/____
Last First Middle Month Day Year

Current Address: _____ Gender: M F
Address City State Zip

Telephone: (____) _____ E-mail: _____ Date of Birth: ____/____/____

If already an ABC student, Box Number: _____

Will you have personal transportation while in school? YES NO If yes, what type? _____

Will you be working a job while in school? YES NO On or off campus? _____ Hours per week? _____

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PARENT INFORMATION:

Parents' Marital Status: Married Divorced Separated Widowed (circle one)

Father's Name: _____ Telephone: (____) _____
Last First Middle

Address: _____
Address City State Zip

Occupation: _____ Employer: _____ Years there: _____

Mother's Name: _____ Telephone: (____) _____
Last First Middle

Address: _____
Address City State Zip

Occupation: _____ Employer: _____ Years there: _____

FINANCIAL INFORMATION:

INCOME (dollars): Last Year Current Year

Father: _____ _____

Mother: _____ _____

Student: _____ _____

Housing Allowance: _____ _____

Social Security: _____ _____

Other Income: _____ _____

Total Income: _____ _____

For the semester requested:

Will the student be an RA/ARA? _____

Total other grants, scholarships, etc.: _____

Type of grants, etc.: _____

Names of other dependent children at Ambassador: _____

Other dependent children in Christian schools: _____

Number: _____ Tuition paid: _____

THE INFORMATION PROVIDED ON THIS FORM IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. THIS INFORMATION IS NOT INTENDED TO MISLEAD OR DEFRAUD AMBASSADOR BAPTIST COLLEGE IN ANY WAY.

SIGNATURE: _____ **DATE:** _____

Scholarship Committee Use Only: Date Received: _____ Approval: _____

Date Appl Notified: _____ By: _____ Date Fin Ofc Notified: _____ By: _____

** Approval by the Scholarship Committee is not guaranteed, and the application may be denied for reasons not divulged to the applicant.*