



## Mount Olive Baptist Church Scholarship Application

Print:

Today's date \_\_\_/\_\_\_/\_\_\_

Applicants Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Mi \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Phone number \_\_\_\_\_

As best you can please provide when you became a member of MOBC? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Mo / Year

You graduated from what High School? \_\_\_\_\_

Did you get a GED?

(Check here if yes)

When: \_\_\_\_\_

(If you have not graduated when do you) \_\_\_\_\_

What Institution of higher learning do you plan on attending?

\_\_\_\_\_ When? \_\_\_\_\_

What is your intended major? \_\_\_\_\_

### **This application is complete when the following is available...**

1. A typed letter (of no more than 200 words) describing
  - a. Why you chose this major?
  - b. When you anticipate completing this major?
  - c. What would you like to do when you graduate?
1. Did you attach a copy of your HS transcript or GED certificate \_\_\_\_\_
2. Did you attach a copy of your letter of acceptance to your next school? \_\_\_\_\_

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
date

**I am requesting a scholarship from the MOBC. I understand that I must provide the MOBC trustee board with a copy of my post secondary transcript before I can request and receive any additional scholarship funds. I further understand that the MOBC scholarship has upper limit of \$250.00 per school calendar year.**

**This application must be received by the Trustee Board at least 30 days prior to the start of each school term.**