



Scholarship Application

Name: _____ Student's Name: _____

Home #: _____ Cell #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

List all others in home:

Name:	Relationship:	Age:
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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- 1.) Why are you seeking a scholarship for you student/yourself?
- 2.) What amount? \$ _____
- 3.) Are you willing to work today as a Scholarship Volunteer? If so, when are you available?
- 4.) Do you attend Church? _____ If so, where do you attend? _____
- 5.) Have you received financial aid or material assistance from Hebron in the past? If so, in what way? _____

- 6.) Is there a way that Hebron could better meet your spiritual needs? _____
Please explain _____

- 7.) In your personal opinion, what do you believe it takes for a person to go to Heaven? _____

I promise that the above information is true and correct to the best of my knowledge. Hebron Baptist Church has my permission to check any of the above information and to use it to determine my assistance.

Signature _____ Date _____

Office Use only:

Reviewed by: _____

Scholarship awarded?: Yes/ No

Reason for decision: _____

Date reviewed: _____