



Grace Baptist Church of Germantown

25 West Johnson Street

Philadelphia, PA 19144

Scholarship Application Form

Today's Date:

PERSONAL INFORMATION

NAME <i>(Last, first, middle initial)</i>		SS # / STUDENT ID	BIRTH DATE:	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
<input type="text"/>		<input type="text"/>	<input type="text"/>	
ADDRESS <i>(Include street number, city, state and zip code)</i>		DAYTIME	EVENING PHONE:	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
		CELL PHONE:	E-MAIL ADDRESS:	
		<input type="text"/>	<input type="text"/>	

If you are categorized as a dependent student, please provide information regarding your parent(s) or guardian:

NAME <i>(Last, first, middle initial)</i>	ADDRESS <i>(If different from yours)</i>
<input type="text"/>	<input type="text"/>

CHURCH INVOLVEMENT

List the organizations and activities in which you have participated in.

NAME OF ORGANIZATION / ACTIVITY	DATE
<input type="text"/>	<input type="text"/> to <input type="text"/>
<input type="text"/>	<input type="text"/> to <input type="text"/>
<input type="text"/>	<input type="text"/> to <input type="text"/>

EDUCATIONAL BACKGROUND

HIGH SCHOOL NAME	ADDRESS <i>(Include street number, city, state and zip code)</i>
<input type="text"/>	<input type="text"/>
GPA <input type="text"/>	CLASS RANK <input type="text"/>
UNIVERSITY / COLLEGE NAME	ADDRESS <i>(Include street number, city, state and zip code)</i>
<input type="text"/>	<input type="text"/>
ADMISSION OFFICE PHONE: <input type="text"/>	<input type="radio"/> UNDERGRADUATE <input type="radio"/> FRESHMAN <input type="radio"/> SOPHMORE <input type="radio"/> JUNIOR <input type="radio"/> SENIOR
	<input type="radio"/> GRADUATE
TUITION COST <input type="text"/>	CREDITS COMPLETED <input type="text"/>
	CREDITS PER SEMESTER <input type="text"/>
MAJOR <input type="text"/>	MINOR <input type="text"/>