

Alumni Scholarship Application

Ambassador Baptist College

101 Stockton Street

Shelby, NC 28150

704-434-0303

Ambassador Baptist College has established the Alumni Scholarship to assist qualified students with the cost of their studies. The College Scholarship Committee will evaluate all applications. If one parent attended and graduated from Ambassador Baptist College, the student, if approved, will receive a \$500 per semester (\$1,000 per year) scholarship to be applied toward the cost of their tuition. If two parents attended and graduated from Ambassador Baptist College, the student, if approved, will receive a \$1,000 per semester (\$2,000 per year) scholarship to be applied toward the cost of their tuition. All current and prospective students who meet the following criteria are encouraged to apply:

- a. 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 excellent 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the required class hours, fall below the GPA threshold, or fail to maintain a good testimony may have the scholarship rescinded.
- b. Applicants must fulfill all Christian service and student obligations required for attendance at Ambassador Baptist College.
- c. Approved applications are valid for one academic year only (e.g. Fall-Spring). Approved Spring Semester enrollees must reapply for the next academic year.
- d. 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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