

# 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complete the required class hours, fall below the GPA threshold, or damage their testimony, may have the scholarship rescinded.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: \_\_\_\_\_

*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.*