

SCHOLARSHIP APPLICATION  
HAMPTON BAPTIST CHURCH  
(Continuing College)

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Tel. No. \_\_\_\_\_

College you are attending \_\_\_\_\_

List years of attendance \_\_\_\_\_

When do you expect to graduate? \_\_\_\_\_

Major \_\_\_\_\_ Career Choice \_\_\_\_\_

Grade Point Average \_\_\_\_\_

College Activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any scholarships you will receive:

Name of Scholarship

Amount

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_