



SCHOLARSHIP APPLICATION

Event Requested: _____

Student (s) Name: _____

Parent (s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Member of BBC: Y or N (circle one) If you do not attend BBC, where is your church home?

The total amount I can contribute to the total cost of the event is \$_____. (Minimum of \$100)

Please describe the situation causing your need at this time. Please be as specific as possible.

Signature of Parent: _____

Today's Date: _____

The scholarship application is due no later than 15 days prior to the event.

Please email to awhite@biltmorebaptist.org or deliver to the Student Ministry office.