



CHURCH OF THE REDEEMER BAPTIST
THE JOSEPH T. KIRKLAND SCHOLARSHIP MINISTRY

STUDENT'S NAME _____ DATE OF BIRTH _____
Last First MI Mo/Day/Year

HOME ADDRESS _____ PHONE _____
Street, Apt. #

_____ City State Zipcode

Email Address _____

NAME OF PARENT OR GUARDIAN (If Applicable) _____

_____ CHECK HERE IS THIS IS THE FIRST TIME YOU HAVE APPLIED TO THIS PROGRAM.

NAME OF HIGH SCHOOL _____ YEAR OF GRADUATION _____

Address City State Zipcode

NAME OF COLLEGE _____

ADDRESS _____
City State Zipcode

IN _____ I WILL BE LIVING: _____ ON CAMPUS _____ OFF CAMPUS _____ COMMUTING/HOME

STUDENT I.D. # _____ MAJOR _____

CURRENT GRADE POINT AVERAGE _____ ANTICIPATED DATE OF GRADUATION _____

ARE YOU CURRENTLY RECEIVING ANY SCHOLARSHIP OR FINANCIAL ASSISTANCE? _____

IF YES, LIST SOURCES

WHAT IS THE AMOUNT OF TUITION NOT COVERED BY SCHOLARSHIP OR GRANT? _____

YEAR OF CHURCH MEMBERSHIP _____ NEW MEMBER CERTIFICATION _____

MINISTRY (IES) (PLEASE LIST) _____

PLEASE ATTACH INFO FOR THE FOLLOWING ITEMS(S): SCHOLARSHIP BOOK GRANT