

Sullivan Baptist Church

4152 Maplewood Street Kingsport, TN 37660 Phone: 423-349-6288 Fax: 423-349-6075

COLLEGE SCHOLARSHIP APPLICATION

Guidelines:

- 1) Applicants must be a member of Sullivan Baptist Church.
- 2) Students must be enrolled as a full-time undergraduate student (minimum 12 credit hours).
- 3) Students may apply for a maximum of four years.
- 4) Scholarships are awarded annually at the beginning of each calendar year.
- 5) Each qualified application is individually reviewed. Submission of a completed application does not necessarily assure a scholarship award to the applicant.
- 6) Scholarship funds may or may not be distributed equally among applicants.
- 7) Application must be completed in its entirety. Incomplete applications will not be considered.
- 8) Application deadline Sunday, **JANUARY 7, 2026**
- 9) The Minister of Students oversees the application process with the Church Council making the decision about final distribution of the church college scholarship fund.
- 10) Applicants receiving awards will be notified by mail.

PERSONAL INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ SS# _____ - _____ - _____

Daytime Phone: () _____ Date of Birth: _____

E-Mail Address: _____

Parent's Name: _____

EDUCATIONAL INFORMATION

School/College/University: _____

Year in School: Fresh Soph Jr Sr Year of Enrollment: _____
(Circle One)

Degree Expected: _____ Major: _____ Expected Graduation (Mo./Yr.): _____

CHURCH ACTIVITY

Church attending while at school: _____

Church ministries (Home or School): _____

FINANCIAL NEED: Please provide a written summary of financial need.

(Over)

PERSONAL TESTIMONY Please provide written testimony of your salvation experience.

Please describe your current personal relationship with God, including areas of spiritual growth, daily walk, and experiences of Him working in your life.

I am aware that this information will be reviewed by the Church Council of Sullivan Baptist Church for purposes of distributing funds, and may, upon request, be reviewed by other Church members who desire information concerning distribution of scholarship monies. Information will be filed in the church office. I understand that submission of this application does not necessarily assure a scholarship award. I am also aware that the Sullivan Baptist Church Scholarship Fund is available because of an annual anonymous donation.

Signature of Applicant: _____ **Date:** _____