Chalker W. & Kathryn Brown Memorial Scholarship

2024 Instructions and Information

PLEASE READ AND FOLLOW ALL INSTRUCTIONS CAREFULLY!

Eligibility:

- The applicant is to give clear testimony to having a personal relationship with the Lord Jesus Christ.
- The applicant must be applying for scholarship aid for post-secondary education.
- The applicant must be an active member of Callahan First Baptist Church as defined in the church Constitution at the commencement of education supported by the Scholarship (the Scholarship Team will be the final authority in defining active membership in consultation with the appropriate church staff):

Active Members shall be individuals that have been duly received into the Church as Members and who have **regularly participated in worship services and otherwise engaged in spiritual fellowship** with other Members and who do qualify as Active Members.

Selection:

- The scholarship will be awarded based on financial need, academics, and character.
- Scholarships are awarded without regard to gender, race, nationality, or national origin.

Process:

- The Scholarship will be annually awarded and will be administered by the Educational Scholarship Team of Callahan First Baptist Church.
- The scholarship may be awarded to more than one applicant.
- The award may go to a student that is seeking a ministry or non-ministry related education at a state or private college, university or seminary.
- Applicants may apply for this scholarship annually.
- The Educational Scholarship Team of Callahan First Baptist Church will consider each applicant's grade point average (G.P.A.), financial need, personal testimony, and overall character.

Instructions:

- Applications must be typed or neatly handwritten.
- Guidance Counselor¹ or correct college employee² <u>must</u> complete the appropriate section.
- All applications <u>must</u> be received in the church office <u>no later than 4:30PM on Friday, April 12, 2024</u>. All incomplete applications that have not been corrected or applications received after this date and time will not be considered for award.
- Please follow instructions <u>carefully</u> and <u>completely</u>. *Incomplete or incorrect applications <u>cannot</u> be considered*. It is <u>your responsibility</u> to complete the application correctly. The committee has no obligation to pursue information for you during the application submission process. If questions should arise during completion of this form, contact the Correspondence Assistant (during regular business hours; 8 a.m. to 5 p.m. (closed for lunch 12:30-1:30pm daily)).
- Please include a picture of yourself with this application.

² For those in post-high school institutions, you must obtain the signature of the school employee who processed your official transcript request.



¹ For high school seniors, you must obtain the signature of a Guidance Counselor from your school.

Chalker W. & Kathryn Brown Memorial Scholarship 2024 Application Check Off & Signature Form

PRINTED Name of Applicant		Signature of Applicant Date				
the undersigned, attest that the nowledge.	information i	included within this entire application is true	e to the best of m			
Received in office by:		Date: Time:				
	*Nec	ressary for current high school seniors only.	<u> </u>			
		Turned in to church office by 4:30PM or 12, 2024.	Friday, April			
		High School Class Rank* (or explanation a	if unavailable).			
		Official Student Transcript.				
		Form completed by the Guidance Counse College Employee ² of school currently att				
Place Photograph Here		All lines of Financial Information and Testimony form completed including "Nall non-applicable spaces. Married applonly their total household financial infithat of their parent(s).	V/A" placed in icants include			
		A recent photograph included with the affixed to this page.	is application,			
		Information form completed including "lall non-applicable spaces.	-			

you have checked all boxes, the application is ready for submittal. Submit this checklist with all other

documentation.

¹ For high school seniors, you must obtain the signature of a Guidance Counselor from your school.

² For those in post-high school institutions, you must obtain the signature of the school employee who processed your official transcript request.

Chalker W. & Kathryn Brown Memorial Scholarship

PERSONAL INFORMATION:

Date		Social Security	Number					
Name	First		Middle			ī	Last	
Address								
Telephone	Street		City				State	Zip
Telephone	Area Code	Home				Cell		
Date of Birth:		High Schoo	l Graduatio	n Dat	te: _			
Length of residence a	nt your current add	lress:						
Are you a past recipie	ent of a Brown Sc	holarship Award?	☐ Yes		No	If YES, wh	nen:	
Are you a member of	Callahan First Ba	aptist Church?	☐ Yes			If NO, who	•	
If living away at scho	ool, are you active	in a church?	☐ Yes		No	If YES, w	here:	
EDUCATION INFO High School/Home S			Cit	У			State_	
Last School Attended	l:		Ci	ity _			State_	
Other Schools/Colleg	ges Attended:							
University or College	e that you plan to	attend:						
What is the anticipate	ed cost ANNUAL	LY? \$		_(Tuit	tion)	\$		_(Books)
(<u>Room and</u>	l board costs are used f	\$ for reference only. These	costs are not a				hip award.)	
In what field(s) of stu	ıdy do you intend	to major?						
Please list Extracurric	cular Activities, A	thletics, Clubs, Con	mmunity Se	rvice	, Of	fices Held, o	etc.	
Hobbies/Special Inter	rests:							
This space for Education	nal Scholarship Con	nmittee use only:						

FINANCIAL INFORMATION: Father' s/Step-Father' s Name: ______Occupation: _____ Mother' s/Step-Mother' s Name: Occupation: Guardian's Name (if applicable): ______ Occupation: _____ Total Annual **Gross Household*** Income: \$ *This figure should include both parents ' income even if the student does not live with both of his/her parents. If you do not know the income of a parent who does not live with you, include the income of your step-parent (or guardian) who fills their role in your home. This figure should also include child-support payments or any other form of income. If applicant is married, use YOUR household income, not that of your parents. Failure to include an amount on this line will cause the committee to disregard the application. Are you employed? If so, where: Your Annual Income: \$ _____. Total of other scholarships you have received: \$___ Have you qualified or will you qualify for the Florida "Bright Futures" Scholarship? Yes □ No If so, for what level will you qualify? ☐ Florida Academic Scholars (FAS) (100% tuition at public institution+) ☐ Florida Medallion Scholars (FMS) (75% tuition at public institution#) ☐ Academic Top Scholars Award (\$44 per semester hour) ⁺Additionally: \$212 per semester hour private institution awards #Additionally: \$159 per semester hour private institution awards **PERSONAL TESTIMONY:** (May be continued on a separate sheet if necessary.)

I, the undersigned, attest that the above information is true to the best of my knowledge.

Signature of Applicant

Date

The applicant must return this form with the application. <u>Please make sure that your Guidance Counselor/Registrar attaches a copy of your most recent official grade report or official transcript to this sheet. Students at Florida State College Jacksonville should go to the Office of Enrollment Services to have this form completed.</u>

Applicant's Name		SS#:	
applicant. They are applying for	Employee ² : Pleat the Chalker W. & Must return this for	ase complete the following i & Kathryn Brown Memorial Sorm and an official student tr	information for the above-named Scholarship through Callahan First canscript with their application. <i>It</i>
Applicant's Cumulative GPA: _			
SAT Score*:AC	T Score*:	High School Class Ra	nk*:
*Necessary for current high school seniors	only.		
Remarks or comments concerning	ng this applicant ((if personally known):	
Signature of high school Guidance Counselor of Phone number for high school Guidance Cou			Date -

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¹ For high school seniors, you must obtain the signature of a Guidance Counselor from your school.