

CHARLES C. COFFEY MEMORIAL SCHOLARSHIP APPLICATION

Date (MM/DD/YYYY): _____

APPLICATION DEADLINES:

- July 1 (Fall Semester)
- December 1 (Spring Semester)
- *If you are selected to receive a scholarship award, you will be contacted.*

GENERAL INFORMATION

Name: _____
Last First Middle

Address: _____
Number Street Box Number

City State Zip

Phone Number _____ Alternate Phone Number _____

E-Mail _____

Place of Birth _____ Date of Birth (MM/DD/YYYY) _____

Married _____ Single _____ Divorced _____ Widowed _____

Spouse's Name (if applicable) _____

Children's names and ages (if applicable) _____

EDUCATIONAL BACKGROUND

1. High School Years Graduated
_____ to _____

2. College
_____ to _____

3. I will graduate from college in _____, 20____ with the _____ degree in
_____. I plan to attend _____ Seminary or
_____ Divinity School in _____
City State

4. I have been accepted and am beginning my: ____first ____second ____third ____fourth
year at _____ Seminary or _____
_____ Divinity School.

5. I will graduate from seminary/divinity school in _____, 20____ with the _____
degree in _____.

6. Have you received any additional scholarships? _____ If yes, please state the
names and amounts _____

EMPLOYMENT RECORD

Employer	Dates	Nature of work
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHURCH AFFILIATION

I am currently a member of _____ Church. I have served in the following
positions here or at other churches.

1. _____
2. _____
3. _____

The following persons may be contacted for references, if the committee so desires:

1. _____ Address _____
City _____ State _____ Zip _____ Phone () _____
2. _____ Address _____
City _____ State _____ Zip _____ Phone () _____

Applicant Signature _____ Date (MM/DD/YYYY): _____

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APPLICANT AUTOBIOGRAPHY (1 page)

Please submit application to Kay Hayworth at finance@firstbaptistkannapolis.com or to the attention of the Coffey Scholarship Committee at 101 N. Main St. Kannapolis, NC 28081. Thank you.