



## Second Baptist Church

Reverend Clayton D. Moore, Pastor  
500 Madison Avenue - Las Vegas, Nevada 89106  
(702) 648-6155 Fax (702) 648-8557  
www.secondbaptistlv.org sbclv@yahoo.com

### SECOND BAPTIST CHURCH SCHOLARSHIP APPLICATION

**Deadline to apply is Wednesday, August 5, 2020 ~ 12:00 p.m.**

#### QUALIFICATIONS

1. Applicant must be a member of Second Baptist Church.
2. Applicant must be currently enrolled and have completed one semester in a college, university or technical school.
3. The overall grade point average is 2.8 for undergraduate students and 3.5 for graduate students. If your grades are not posted on your transcript by the Application Deadline date, please submit your application with your current transcript with the notation (*Updated Transcript will be sent as soon as grades are posted*)
4. Applicant must be active in church or was active prior to enrollment in a Post Secondary Education.
5. Applicant's church service and participation must be signed and dated by the Youth Director – Sis. Brittaney Pearson.
6. Only completed applications will be accepted.
7. Verification of enrollment must be submitted before funds are disbursed. (*Online Verification Accepted*)
8. Scholarship Awards are limited to seven (7) semesters in the Undergraduate program, four (4) semesters in the Master's program and six (6) semesters in the Doctorate program.
9. Applicant must submit a recent photo.
10. Please type on a separate page, how this scholarship will benefit you. Include your goals and aspirations as they relate to your career choice.

TYPE OR PRINT

NAME \_\_\_\_\_

ARE YOU A CURRENT MEMBER OF SECOND BAPTIST CHURCH? YES \_\_\_ NO \_\_\_

DATE YOU JOINED SECOND BAPTIST CHURCH \_\_\_\_\_ MM/DD/YYYY)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

STUDENT ID # \_\_\_\_\_ DOB \_\_\_\_\_ (MM/DD/YYYY)

MAJOR \_\_\_\_\_ GRADE POINT AVERAGE \_\_\_\_\_

ACADEMIC STANDING \_\_\_\_\_ (Freshman, Sophomore, Junior, Senior, Masters, Ph.D.)

NAME OF INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

Continue on back 

LIST ALL CURRENT CHURCH ACTIVITIES YOU ARE INVOLVED IN AT SECOND BAPTIST AND THE DATES OF PARTICIPATION.

\_\_\_\_\_  
\_\_\_\_\_  
SIGNATURE OF YOUTH DIRECTOR VERIFYING YOUR PARTICIPATION

\_\_\_\_\_  
LIST YOUR CURRENT SCHOOL, COMMUNITY AND RELIGIOUS ACTIVITIES

\_\_\_\_\_  
\_\_\_\_\_  
ARE YOU RECEIVING FINANCIAL AID? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE INCLUDE FINANCIAL AID AWARD RECORD.

PARENT OR GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

VERIFICATION OF ENROLLMENT AND YOUR CURRENT TRANSCRIPT MUST ACCOMPANY THIS APPLICATION. ALL REQUIRED DOCUMENTS MUST BE SUBMITTED BY THE DEADLINE DATE:

**SECOND BAPTIST CHURCH  
SCHOLARSHIP COMMITTEE  
500 MADISON AVENUE  
LAS VEGAS, NEVADA 89106  
Phone 702.648.6155 Fax 702.648.8557  
Email: sbclv@yahoo.com**