

**FREEWILL MISSIONARY BAPTIST CHURCH
SCHOLARSHIP COMMITTEE**

BOBBY ALLEN MEMORIAL SCHOLARSHIP APPLICATION

The Bobby Allen Memorial Scholarship will be given to a deserving high school senior who has chosen to continue his/her education at a Vocational or Community College. The recipient will receive a scholarship in the amount of \$500.00.

Criteria:

- The applicant must have been an active member of Freewill Missionary Baptist Church for at least six months.
- Overall grade point average of 2.0 on a 4.0 scale.
- Two typed letters of recommendation, one from a teacher and one from a church member. You may not submit a letter of recommendation from any member of the scholarship committee, the pastor, youth pastor, or relative.
- A copy of the letter of acceptance from the Vocational/Community college you plan to attend.
- Write an essay describing why you chose to attend a Vocational or Community College instead of a traditional 4-year college institution.
- The essay must be typed and doubled spaced using a 10- or 12-point font and consist of 150 to 200 words.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Please complete and return the scholarship packet to one of the Scholarship Committee members.

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General Information

Verification of Cumulative Grade Point Average: _____
(Guidance Counselor's Signature and Telephone Number)

Please list offices held and/or honors received if applicable. Please limit activities to the space provided. Do not attach additional sheets.

School Organizations/Extra-Curricular Activities

Community Service

I authorize the release and review of all materials submitted to Freewill Missionary Baptist Church Scholarship committee. I confirm that the submitted information is accurate.

Applicant's Signature

Date

I have been a member of Freewill for at least 6 months. I have had the opportunity to become involved and participate in one or more of the activities listed below. Below is a description of how I was able to participate and/or contribute.

Freewill Missionary Baptist Church Programs and Activities:

➤ **Choir**

➤ **Youth Church**

➤ **Usher**

➤ **Food Bank**

➤ **Music**

➤ **Other**

Please indicate your leader in these activities: _____

Applicant's Signature

Date

Leader or other Authorized Freewill Member Signature

Date

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Recommendation Form

Comments should be written neatly or typed and related to the specific award desired. Information should be truthful and based upon personal knowledge and/or observation of the applicant. Recommendations should be limited to the space provided below or one-page typed letter.

The person making this recommendation should complete the following information.

Name: _____

Title/Organization: _____

Address: _____

Telephone Number: _____

Please return this form to the applicant.