



Application for Scholarship

First Time Applicant

Full Name: _____

Address at School: _____ City: _____ State: _____

Zip: _____ Phone: (_____) _____ Birthdate: _____

Other Address (if different from above): _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ E-mail Address: _____

Church Membership: _____ Church Address: _____

City: _____ State: _____ Zip: _____

Church Phone: (_____) _____ Church Website: _____

What is your South Carolina church connection? _____

Divinity School/Seminary Attending: _____

Degree Program: _____ Date of Application: _____

Hours Enrolled: _____ Hours Completed: _____ Current GPA: _____

Please include a brief synopsis to tell us more about yourself. In approximately two pages, briefly describe your faith journey and calling. Be sure to include your goals for ministry, if you hope to serve in South Carolina, and your current relationship with the Cooperative Baptist Fellowship of South Carolina. You can submit your application by email to office@cbfsc.org or mail to:

CBF of SC, PO Box 11159, Columbia, SC 29211
Due **April 15 for Fall Term; October 15 for Spring Term**