

Goodwin-Robbins-Womble Memorial Scholarship

**Graduate Studies**  
**New/Initial Application**

Apex Baptist Church  
110 South Salem Street  
Apex, NC 27502

This application must be delivered to or mailed (and reach) Apex Baptist Church no later than the deadline date.

**Deadline: 12:00 noon, January 17, 2018**

**No Exceptions to the Deadline.**

This scholarship is intended to aid members of Apex Baptist Church during their graduate studies. It is expected that the student receiving this scholarship is an active Christian and is therefore in the practice of gathering with fellow believers. In order to receive this scholarship, the student must pledge that you will participate in worship with other believers while attending school during the coming semester. (This does not include Apex Baptist Church if you are no longer live in the area)

**This page MUST be completed and returned with the remainder of this application in order be eligible for this scholarship**

I pledge that I \_\_\_\_\_ will participate in worship with fellow believers during the coming semester.

Signed : \_\_\_\_\_

# Apex Baptist Church Graduate Initial Application

1. Name \_\_\_\_\_  
Last First Middle
2. Home Address \_\_\_\_\_  
Street Number/Name City State, Zip
3. Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_
4. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_
5. Parent or guardian's name and address in full \_\_\_\_\_  
\_\_\_\_\_
6. Occupation of Parent(s): \_\_\_\_\_
7. a. Parents (check appropriate spaces)  
Father: Living \_\_\_\_\_ Deceased \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_  
Mother: Living \_\_\_\_\_ Deceased \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_  
b. Name, age and grade in school of your brothers and sisters.  
Name \_\_\_\_\_ Age \_\_\_\_\_ Grade in school \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Grade in school \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Grade in school \_\_\_\_\_
8. Name and address of high school completed \_\_\_\_\_
9. List extracurricular activities and offices held in school or college:
10. List community and church activities:
11. a. College or school you are now attending or from which you have graduated: \_\_\_\_\_  
b. College or school you plan to attend next semester: \_\_\_\_\_  
c. This school is: (check one) \_\_\_\_\_ Private; \_\_\_\_\_ State Supported; \_\_\_\_\_ Technical School  
d. This school is: (check one) \_\_\_\_\_ In State; \_\_\_\_\_ Out of State  
e. I will be attending: (check one) \_\_\_\_\_ Seated (onsite); \_\_\_\_\_ Online/Correspondence<sup>1</sup>.  
f. Name of degree you are working toward \_\_\_\_\_  
g. How many hours will you take during the upcoming semester? \_\_\_\_\_
12. What is the tuition for one semester? \_\_\_\_\_  
What other expenses (by semester) are part of your education (room/board, books, fees, etc.)?  
\_\_\_\_\_
13. How do you plan to finance your education? \_\_\_\_\_
14. Are you receiving, or will you receive other student financial aid? If so, from whom and how much?  
\_\_\_\_\_

<sup>1</sup> For correspondence curriculum, please provide an online link or other documentation for the accreditation of the institution.

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15. Have you received Jesus Christ as your personal savior? \_\_\_\_ yes \_\_\_\_ no

Name and address of church of which you are a member \_\_\_\_\_

Name and address of church you attend if different from above \_\_\_\_\_

Name and address of church of which your parents or guardians are members \_\_\_\_\_

In your own handwriting, comment on the meaning of the church in your life thus far. What type of service do you hope to render to the church after you graduate from college? What ministry do you expect from the church in the future? (Use additional sheet if necessary.)

I hereby certify that the above application is accurate to the best of my knowledge. In the event scholarship money is granted to me and I do not attend a college or school for the year specified, the grant shall be void and any money paid to me shall immediately be returned to the Scholarship Committee.

I further certify that I will be enrolled in a full-time<sup>2</sup> course of study with a minimum of six (6) credit hours.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_  
Street Number/Name City State, Zip

Applicant's Phone/Cell Number (best contact #): \_\_\_\_\_

**A COPY OF YOUR LATEST TRANSCRIPT OR GRADE REPORT MUST BE ATTACHED TO THIS APPLICATION.**

**Applicants, you are encouraged to make copies of your application and transcript for your own records prior to submitting them to the church office. There will be an application roster list posted on the bulletin board across from the church office that will be updated periodically. The purpose of this list is to ensure that the church office has received your application by the deadline. This list is not indicative of whether or not your application has been approved for award. Only the names on this application roster list will be considered for award, so please check to make sure your name is on the roster list by the application deadline.**

\_\_\_\_\_  
<sup>2</sup> As defined by the institution/program.

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