



## WOOD RIVER BAPTIST DISTRICT ASSOCIATION

### Scholarship Information & Application

The Wood River Baptist District Association (WRBDA) is organized to encourage, plan and support the proclamation of the Gospel, the nurture of the Saints and the caring support of the churches and members of the association and others in need.

In support of furthering the education of the youth of Wood River member churches, the Wood River Baptist District Scholarship Committee awards scholarship funds to graduating high school seniors who are college bound. This scholarship is designed to help promote access to higher education beyond high school.

Students have the opportunity to apply for a \$500 scholarship to assist with the cost of tuition, fees, room and board, books, or other college expenses.

#### Who Can Apply

Any high school senior intending to pursue an undergraduate degree at an accredited college or university within the upcoming academic year.

In addition, applicants must meet the following criteria:

1. Must be a member in good standing of a Church where the Pastor/Church is an active member of the Wood River Baptist District Association.
2. Must have a cumulative GPA of, or equivalent to, at least 2.5 on a 4.0 scale.
3. Submit completed scholarship application and additional required documents by the specified deadline date.

#### How to Apply

##### **Eligible Students Will:**

- Submit completed scholarship application form.
- Submit an essay about yourself, your educational and professional goals.
  - Typed, double spaced
  - Must be between 400-500 words
- Submit an official high school transcript in a sealed envelope directly from the high school.
- Submit 3 letters of recommendation (i.e. Pastor, teacher, employer).
- Provide a letter of good standing as a member of an active church of Wood River Baptist District Association.

### When is the Deadline to Apply?

Students must submit entries by April 30<sup>th</sup> to be considered for the award given for the current year.

All applications must be completed, printed or typewritten, submitted along with the required documents, and postmarked no later than April 30, 2018.

Please forward application and additional required documents to:

Rev. Greg C. Stoner, Chairman  
715 Villanova Ct.  
Fairview Heights, Illinois 62208

Application and required documents postmarked after April 30, 2018 will not be considered.

### Selection Process and Notification

The Wood River Baptist District Scholarship Committee will review each application and notify the winning student of their award by letter and email.

### Award Amount

Each scholarship will be \$500 to be awarded during the annual Wood River Baptist District Association Annual Session in July.

Applicants must provide documentation of enrollment in a college or university to the scholarship committee receive disbursement of the scholarship funds.

### Questions

Please direct all questions to [revstone62@sbcglobal.net](mailto:revstone62@sbcglobal.net).



# WOOD RIVER BAPTIST DISTRICT ASSOCIATION

## Scholarship Application

### Applicant Contact Information

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Wood River Baptist District Church Affiliation \_\_\_\_\_

### High School Information

Name of current high school you attend. Please provide the complete name, address, city and state of the high school.

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Classification: \_\_\_\_ Freshman \_\_\_\_ Sophomore \_\_\_\_ Junior \_\_\_\_ Senior

Cumulative GPM \_\_\_\_\_ As of date \_\_\_\_\_

Applicant Name \_\_\_\_\_

Post-secondary School Information

Name of college, university or proprietary school you plan to attend. Please provide the complete name, address, city and state of the college, university or proprietary school.

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

College/University Classification: \_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior

Major Field of Study \_\_\_\_\_ Anticipated Date of Graduation \_\_\_\_\_

Name \_\_\_\_\_ Semester/Quarter \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

College/University Classification: \_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior

Major Field of Study \_\_\_\_\_ Anticipated Date of Graduation \_\_\_\_\_

Employment Experience

Briefly describe your work experience during the past two years, indicating dates of employment for each job and average number of hours worked each week.

Employer \_\_\_\_\_

Position \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Avg. Hours/Week \_\_\_\_\_

Applicant Name \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Avg. Hours/Week \_\_\_\_\_

Community Involvement

List below your community activities, such as Church affiliations, leadership positions, awards, academic or extra-curricular activities, dates and length of involvements.

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How are you financing your education, i.e. scholarships, grants, loans, etc.? Please list all sources.

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Other information that you feel may be helpful in rendering a decision in this application process.

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Applicant Name \_\_\_\_\_

**CERTIFICATION**

I certify that the information provided is complete and accurate to the best of my knowledge.

This application form becomes complete and valid only upon completion and submission of all requested information by the deadline date.

I understand and agree that upon submission, this application form and submitted documents will become the property of the Wood River Baptist District Association Scholarship Committee to be used for the intended purpose of selection and awarding of a scholarship.

I, \_\_\_\_\_, agree to possible publication of information in this application in the event I am selected as a recipient for a scholarship by the Wood River Baptist District Association Scholarship Committee.

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

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(if applicant is under 18)

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## **ESSAY**

In a separate document, write a 400-500-word essay about yourself, your educational and professional goals.

Consider including:

- How do you feel this scholarship award will assist you in achieving your educational goals?
- Explain any financial or personal circumstances that the Scholarship Committee may use to determine your eligibility.

Please submit your typed, double-spaced essay with your application by the specified due date.

### Required Application Documents:

#### **Eligible Students Will:**

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  - Typed, double spaced
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