

**OFFICIAL USE ONLY**

Due Date: **03/31/2024** Postmark Date: \_\_\_\_\_ Date Received: \_\_\_\_\_

Complete: \_\_\_\_\_ Incomplete: \_\_\_\_\_  
College/University attending: \_\_\_\_\_

**FIRST BAPTIST CHURCH OF CROWN HEIGHTS  
SCHOLARSHIP COMMITTEE  
450 Eastern Parkway Brooklyn, New York 11225**

**HIGH SCHOOL APPLICATION**

NOTE TO CANDIDATE: Please type or print legible in blue or black ink all information requested. If item is not applicable, please state so in the space provided. DO NOT LEAVE IT BLANK.

**I. PERSONAL DATA**

Name:

\_\_\_\_\_  
**LAST FIRST MIDDLE**

SEX \_\_\_\_\_ Female \_\_\_\_\_ Male (check one)

\_\_\_\_\_  
Home Address Apt #

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Place of Birth Home Phone # \_\_\_\_\_  
Cell Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you a registered voter? \_\_\_\_\_  
Yes No

How did you learn about this Scholarship? \_\_\_\_\_

Have you previously applied for a scholarship from the First Baptist Church of Crown Heights Scholarship Committee? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what year? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Explain in what school activities you have participated and how they have benefited you. Include offices you have held.

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Have you ever held a job during the school term? If so, please describe.

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What movies, plays, concerts, or exhibitions have you most enjoyed during the past year?

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Have you traveled in this country or abroad? \_\_\_\_\_ Where? \_\_\_\_\_

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Who is your favorite author and why?

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**II. EDUCATIONAL DATA:**

LAST HIGH SCHOOL ATTENDED:	From / To	Expected Graduation Date
Name / Address		

ACADEMIC / SPECIAL HONORS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any additional training / experience you feel is relevant to the Scholarship Committee.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. CIVIC AND PROFESSIONAL SERVICE:**

(If additional space needed type on separate sheet)

Name of Organization \_\_\_\_\_

Purpose of Organization \_\_\_\_\_

Dates \_\_\_\_\_

Position and Duties \_\_\_\_\_

Name of Organization \_\_\_\_\_

Purpose of Organization \_\_\_\_\_

Dates \_\_\_\_\_

Position and Duties \_\_\_\_\_

Name of Organization \_\_\_\_\_

Purpose of organization \_\_\_\_\_

Dates \_\_\_\_\_

Position and Duties \_\_\_\_\_

Names of Organization \_\_\_\_\_

Purpose of Organization \_\_\_\_\_

Dates \_\_\_\_\_

Position and Duties \_\_\_\_\_

## IV COMMUNITY SERVICE AND HOURS

Name of Organization \_\_\_\_\_

Purpose of Organization \_\_\_\_\_

Dates \_\_\_\_\_

Position and Duties \_\_\_\_\_

Hours \_\_\_\_\_

Name of Organization \_\_\_\_\_

Purpose of Organization \_\_\_\_\_

Dates \_\_\_\_\_

Position and Duties \_\_\_\_\_

Hours \_\_\_\_\_

Names of Organization \_\_\_\_\_

Purpose of Organization \_\_\_\_\_

Dates \_\_\_\_\_

Position and Duties \_\_\_\_\_

Hours \_\_\_\_\_