

**Fundamental Baptist Fellowship Association**  
**Walter L. Banks Memorial Scholarship**  
**Application**

**Personal Data:**

Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Home Address: \_\_\_\_\_  
Street/P.O. Box/Apt. No.

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

College Address: \_\_\_\_\_  
Street/P.O. Box/Apt. No.

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

Phone Numbers: \_\_\_\_\_  
Permanent Residence \_\_\_\_\_ College Residence

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Birth Place: \_\_\_\_\_ Marital Status: Married \_\_\_ Single \_\_\_

Spouse's name if married \_\_\_\_\_

List names and ages of all dependent children \_\_\_\_\_

Citizenship: U.S. Citizen Yes \_\_\_ No \_\_\_ Other Country \_\_\_\_\_

Church Membership @ \_\_\_\_\_  
Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

College you will attend \_\_\_\_\_  
School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Next Option \_\_\_\_\_  
School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Intended Major & Minor \_\_\_\_\_

**Parent/Guardian Information:** (To be completed if you are living with parent/guardian or if you are dependent on them for support)

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address if different than above \_\_\_\_\_

List names and ages of all who depend on your parent/guardian for support \_\_\_\_\_

**Educational Background:** List all colleges you have attended. List most recent first.

College #1 \_\_\_\_\_  
Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Years Attended \_\_\_\_\_ Degree Granted \_\_\_\_\_ Year \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

College #2 \_\_\_\_\_  
Name City State Zip Code  
Years Attended \_\_\_\_\_ Degree Granted \_\_\_\_\_ Year \_\_\_\_\_  
Major \_\_\_\_\_ Minor \_\_\_\_\_

Other Training \_\_\_\_\_  
Institution City State Zip Code  
Years Attended \_\_\_\_\_ Degree Granted \_\_\_\_\_ Year \_\_\_\_\_

High School \_\_\_\_\_  
Name City State Zip Code  
Graduation Date \_\_\_\_\_

**Employment Background:** (List most recent employer first.)

Employer #1 \_\_\_\_\_  
Name City State Zip Code  
Job Title \_\_\_\_\_ Dates \_\_\_\_\_

Employer #2 \_\_\_\_\_  
Name City State Zip Code  
Job Title \_\_\_\_\_ Dates \_\_\_\_\_

**Christian Service Experiences:**

Briefly describe two or three of the most meaningful opportunities that you have had to serve the Lord within your local church.

---

---

---

---

---

---

**Extra-Curricular Activities:**

List clubs or organizations, offices held and dates of participation.

---

---

---

**Family Financial Information:** Further verification may be necessary.

If applicant is a dependent, the information provided must be that of the parent/guardian and must be the total for the household. List basic financial information as shown on the most current Federal Income Tax Return.

Adjusted Gross Family Income \$ \_\_\_\_\_ Tax Year \_\_\_\_\_  
Is this amount higher or lower than the average of the previous 3 years? \_\_\_\_\_

Estimated Monthly Family Income \$ \_\_\_\_\_  
Estimated Monthly Family Expenses \$ \_\_\_\_\_

Estimated Family Assets	\$ _____	(A)
Estimated Family Liabilities	\$ _____	(L)
Estimated Family's Net Worth	\$ _____	(A-L)

Are other family members currently enrolled in college? If so, list:

---

**Approximate College Expenses per Semester:** (Do not include personal expenses)

\$ _____	Tuition
\$ _____	Room & Board
\$ _____	Fees
\$ _____	Books
\$ _____	Other
\$ _____	<b>TOTAL</b>

**Covering the Cost:**

Committed sources of funds to help cover cost of applicant's college expenses: (Do not include this award.)

\$ _____	Parents
\$ _____	Applicant's Income
\$ _____	Scholarship Awards
\$ _____	Grants
\$ _____	Loans
\$ _____	Other
\$ _____	<b>TOTAL</b>

Have you made plans for work during the upcoming semester? \_\_\_\_\_  
 If so, where? \_\_\_\_\_ How many hours per week? \_\_\_\_\_

**Additional Information:**

Provide any other details or information of importance that may affect your financial situation during the next twelve (12) months.

---



---



---

**References:**

Please provide information on the three people whom you will ask to provide letters of reference.

Pastor	Address	Yrs. Known
City	State	Zip Code
Professor	Address	Yrs. Known
City	State	Zip Code

---

Third Reference Name	Relationship	Address	Yrs. Known
----------------------	--------------	---------	------------

---

City	State	Zip Code
------	-------	----------

---

**Personal Testimony:**

Please include salvation experience, comments on personal goals and life's ambition(s) and any other information that will help the Scholarship Committee to know you better. Remember that you are asking someone, who does not know you or may never have seen you, to make an award decision that may impact your ability to attend school.

**Personal Testimony Continued:**

**Validity of Information:**

All information provided is correct, to the best of my knowledge, and any information may be verified at the discretion of the Scholarship Committee.

I have received and read a copy of the Guidelines for the Walter L. Banks Memorial Scholarship. I understand all the information regarding the standards and criteria for applying for a scholarship and I am willing to abide by these provisions.

**Applicant:** \_\_\_\_\_  
Print

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

**Parent/Guardian:** \_\_\_\_\_ (for dependent applicants)  
Print

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

**Return Completed Application Promptly To:**

FBFA Scholarship Committee  
c/o Mrs. Alice I. Gainer  
1810 Kessler Blvd. West Drive  
Indianapolis, IN 46228-1817  
(317) 255-1284