

2017 Application for Veterans Scholarship Program Award
Leach Springs Missionary Baptist Church
 821 Arabia Rd, Raeford, NC 28376
 Phone: (910) 875-2185

Legal Full Name
 (Print/Type)

Last Name

First Name

M.I.

Suffix

Permanent Residence

Number, Street Name, and/or Apartment Number

City

State

ZIP

Your telephone number

Name and address of School
 You will attend

School Name

Street Address

City

State

ZIP

School Telephone Number

Current cumulative GPA _____ on a 4.00 scale

Number of Credits earned to date _____ Total number of credits required for graduation _____

Anticipated date to receive degree or certification _____

I understand that to be eligible for the Leach Springs Missionary Baptist Church Veterans Scholarship Program Award, I must be an active and involved member of the Church, demonstrating good character, with a grade point average minimum of 2.5 on a 4.0 scale (C+) at my current and previous level of education. I am prepared to provide a written essay upon request. This completed application, with a copy of approved registration, must be returned to the committee no later than Sunday, October 1, 2017 to be eligible. Scholarship awards will be determined on October 3, 2017 and presented soon thereafter. I acknowledge the eligibility criteria and deadline for returning this completed application. I affirm that the information on the completed application is true and accurate to the best of my knowledge. I am providing this information willingly and without reservation.

 PARENT SIGNATURE (REQUIRED IF UNDER AGE 18)

 APPLICANT SIGNATURE

 DATE

THE INFORMATION BELOW IS TO BE COMPLETED BY THE LSMBC VSP COMMITTEE MEMBERS

Application Received by: _____ Date: _____

Award Approved: Yes _____ No _____ Amount: _____ Approved By: _____ Date: _____

Applicant Notified By: _____ **Date:** _____ **Funds Disbursement Date:**
