

2020 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)

\_\_\_\_\_

Permanent Residence

\_\_\_\_\_

\_\_\_\_\_

Your telephone number

\_\_\_\_\_

Name and address of School  
 You will attend

\_\_\_\_\_

\_\_\_\_\_

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 Tuesday, April 14, 2020 to be eligible. Scholarship awards will be determined on October 13, 2020 and presented on November 8, 2020. 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: \_\_\_\_\_