**PURPOSE**
The **Veronica Robinson Memorial Scholarship** fund has been organized to assist in sending young men and women to a Christian Bible college. It is the desire of the Independent Baptist Fellowship to see young people receive a quality education and be equip for the ministry in which God has called them.

As secular colleges do not support the same views of the Independent Baptist Fellowship, scholarships will not be issued for these schools. If you have any questions, please feel free to contact the IBF Secretary/Treasurer.

**QUALIFICATIONS / REQUIREMENTS SCHOLARSHIP AWARD**
To be considered for this scholarship, the following criteria must be met:

* Individual must attend an Independent Baptist Church affiliated with the Independent Baptist Fellowship.
* College of choice should be an approved Christian college.
* Church of student should financially support this fund regularly.
* Individual must have a letter of recommendation from their immediate pastor and an acceptance letter from the college of choice.
* Individual must complete the scholarship application and give a brief testimony of salvation and the Lord’s leading concerning Christian service.
* Students must have a 2.0 GPA in high school, verified by their pastor.

**All applications must be returned by the 2nd week in May of each year to be considered.**

**Veronica Robinson Memorial Scholarship Application**

All information must be **TYPED** into this form. When complete, save as a **PDF** prior to submission.

**PERSONAL INFORMATION**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **First Name** | **Last Name** | **Date of Birth** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Complete Mailing Address** | **City** | **State** | **Zip** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **PRIMARY Email Address** | **PRIMARY Phone Number** | ✓ if number provided is a cell # |

**CHURCH INFORMATION**

|  |  |
| --- | --- |
|  |  |
| **Church Name** | **Pastor’s Name** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Church Mailing Address** | **City** | **State** | **Zip** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Church Phone #** | **Church Email Address** | How long have you been a member? |

**HIGH SCHOOL INFORMATION**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Name of High School** | **Date of Graduation** | **GPA** |

Please include a copy of your academic transcripts with this application from high school or college as appropriate. By this application, I authorize the Scholarship Committee to verify my G.P.A., credits and class load.

**COLLEGE INFORMATION**Please list the college(s) for which scholarship funds are being requested.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name of College** | **Applied? (Y/N)** | **Accepted? (Y/N)** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

**YOUR FAITH JOURNEY**

In a separate Word document, please respond thoughtfully and specifically to each prompt or question, developing and expressing your ideas.

* Give a brief summary of the main events in your life and outline your personal as well as your educational goals.
* In what ways has your religious background and faith impacted your life? Give specific examples of your personal religious beliefs and attitudes, how they guide you in your daily life.
* Give a brief testimony of salvation and the Lord’s leading concerning Christian service.
* Explain why this scholarship is important to you.