

SCHOLARSHIP APPLICATION

THE BRIDGE NETWORK OF CHURCHES

Due to the stewardship and support of the Network churches, we are able to provide need and merit-based scholarships to deserving students.

All of the scholarships awarded by the BNoC are annual scholarships. STUDENTS MUST APPLY OR RE-APPLY EACH YEAR for consideration. Scholarships are limited to fulltime students enrolled in Council for Higher Education Accreditation (CHEA) recognized institutions.

INSTRUCTIONS FOR COMPLETING A SCHOLARSHIP APPLICATION

SCHOLARSHIP APPLICATIONS CANNOT BE ELECTRONICALLY MAILED OR FAXED. The requested information must be sent UNFOLDED in a 9" x 12" envelope. The envelope must BE POSTMARKED NO LATER THAT APRIL 10, 2024 and include the following information:

1. The completed scholarship application. Please see the requirements listed on page 2 of this application.
2. An official academic transcript.
3. A brief (MAXIMUM OF 500 WORDS) summary of your life including your Christian testimony, leadership involvements, life goals, expected vocation, and school selection process.

Mail or Hand Deliver the Requested Information to:
The Bridge Network of Churches
Attn: Scholarship Committee
1407 Stephanie Way, Suite F, Chesapeake, VA 23320-0756

If you have questions, please call 757.938.9793

BNoC SCHOLARSHIP GUIDELINES AND REQUIREMENTS

- The completed application must be POSTMARKED NO LATER THAN APRIL 10, 2024.
- If hand delivered to the BNoC, the application must be in the office by 3:00 P.M. on April 10, 2024.
- Applicants must provide an official academic transcript with the application and have a minimum grade point average of 2.5.
- Applicants must be members of a cooperating BNoC church.
- Scholarships are awarded annually. Students must apply or re-apply each year.
- Applicant must be a full-time student in a basic degree program, (does not include doctoral program, except those in an accredited medical or pharmacy school). Full-time status is defined by the educational institution.
- Scholarship recipients withdrawing from school must notify the BNoC in writing immediately. Withdrawal will lead to forfeiture of any remaining scholarship support for that academic year.

ALL APPLICANTS WILL BE NOTIFIED BY MAIL REGARDING SCHOLARSHIP AWARDS NO LATER THAN MAY 31, 2024.

2024-2025

SCHOLARSHIP APPLICATION

I received a Bridge Network of Churches Scholarship in the amount of
\$ _____ during the 2023/2024 academic year.

PERSONAL INFORMATION:

Name: _____
FIRST MIDDLE LAST PREFERRED

HOME

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-mail Address: _____ Date of Birth: _____

CHURCH INFORMATION

Home Church: _____ Pastor (Rev.) or (Dr.): _____

Address: _____

City: _____ State: _____ Zip Code: _____

How long a member: _____

Church you attend while away at school: _____

How did you learn of the Bridge Network of Churches scholarship program? Circle One:

Pastor Youth Minister Bulletin Insert Family or Friends Other

FINANCIAL INFORMATION

Are you named as a dependent on your parents 2023 Federal Tax Return?

Yes No If YES answer part A. If NO answer part B

PART A:

Father's Name: _____

Occupation: _____ Annual Gross Income: _____

Mother's Name: _____

Occupation: _____ Annual Gross Income: _____

Number of children in household (including yourself): _____ Number in college 2024/2025: _____

List names and anticipated graduation dates of sibling(s) in college who are supported by your parents:

PART B:

Applicants Name: _____

Occupation: _____ Annual Gross Income: _____

Applicants Spouse: _____

Occupation: _____ Annual Gross Income: _____

EDUCATIONAL INFORMATION

HIGH SCHOOL OR COLLEGE(S) ATTENDED:

Name: _____

City: _____

Dates Attended: _____ State: _____

Degree Earned: _____

Name: _____

City: _____ State: _____

Dates Attended: _____

Degree Earned: _____

NOTE: INCLUDE AN OFFICIAL TRANSCRIPT WITH YOUR APPLICATION

Indicate classification for Fall 2024:

College: Freshman: _____ Sophomore: _____ Junior: _____ Senior: _____

Graduate School: First Year: _____ Second Year: _____ Third Year: _____ Fourth Year: _____

Institution you anticipate attending during the 2024/2025 academic year:

Name of Institution: _____

Address: _____

Telephone: _____ Anticipated Graduation Date: _____

Academic Major or Course of Study: _____

Vocationally are you preparing for a career in Christian Ministry? Yes ___ No ___

If Yes, what area of Professional Ministry (Ex. Pastor, Minister of Music or Youth, Worship Leader, Chaplaincy, etc...) _____

SCHOLARSHIP APPLICANT PLEDGE

I pledge the information which I have provided is accurate to the best of my knowledge. I have read the guidelines and requirements for a The Bridge Network of Churches Scholarship and promise that I will do everything in my power to abide by the requirements stated. If I find that I cannot abide by these requirements, I will immediately notify the BNoC.

Applicant Signature: _____

Parent or Guardian Signature: _____

Date: _____

CHURCH OFFICER APPROVAL (NON-FAMILY SIGNATURE REQUIRED):

Signature: _____

Pastor Associate Pastor Church Clerk Treasurer Deacon Chair

The Bridge Network of Churches will hold confidential any information provided on the application and will use the information only for the purposed of determining scholarship eligibility. If awarded a scholarship, the BNoC reserves the right to publish the recipient’s name and likeness in reporting the work of the BNoC to our constituency.

**The Bridge Network of Churches Scholarship Program
Release Information Form**

A copy of this form will be kept on file in the Bridge Network of Churches' office and a copy sent to your school. ALL INFORMATION WILL BE TREATED BY the Bridge Network of Churches IN A CONFIDENTIAL MANNER. Virginia state law requires the student's permission for the release of this information.

School I plan to attend: _____

School Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

I, _____, a recipient of a scholarship from the Bridge Network of Churches, do hereby give permission to my school to release any information requested by the Network related to my academic performance during the 2024/2025 academic year. This information will only be requested by the Network for the purpose of determining scholarship eligibility.

Thank you.

Applicant Signature: _____

Parent or Guardian Signature: _____

Date: _____

THE COMPLETED SCHOLARSHIP APPLICATION and REQUESTED MATERIALS MUST BE
POSTMARKED NO LATER THAN APRIL 10, 2024.