

## **SCHOLARSHIP APPLICATION**

### **THE BRIDGE NETWORK OF CHURCHES**

Due to the stewardship and generous support of discerning Virginia Baptists, the Bridge Network of Churches (BNoC) is 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 THAN APRIL 4, 2022** 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 4, 2022.
- If hand delivered to the BNoC, the application must be in the office by 3:00 P.M. on April 4, 2022.
- 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 EMAIL REGARDING SCHOLARSHIP AWARDS NO  
LATER THAN MAY 31, 2022.**

2022/2023

## SCHOLARSHIP APPLICATION

I received a Bridge Network of Churches Scholarship in the amount of  
\$ \_\_\_\_\_ during the 2021/2022 academic year.

### PERSONAL INFORMATION:

Name: \_\_\_\_\_

FIRST MIDDLE LAST PREFERRED

Home

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: Single: Married: Number of Children: \_\_\_\_\_ E-mail address \_\_\_\_\_

### 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 Friend  
Other \_\_\_\_\_

### FINANCIAL INFORMATION:

Are you named as a dependent on your parent's 2021 Federal Income 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 self): \_\_\_\_\_ Number in college 2022/23: \_\_\_\_\_

List names and anticipated graduation dates of brothers or sisters in college who are supported by your parents:

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Part B:

Applicants Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Annual Gross Income \_\_\_\_\_

Applicant's Spouse: \_\_\_\_\_

Occupation: \_\_\_\_\_ Annual Gross Income \_\_\_\_\_

**EDUCATIONAL INFORMATION: HIGH SCHOOL OR COLLEGE(S) ATTENDED:**

Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Degree Earned: \_\_\_\_\_

Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Degree Earned: \_\_\_\_\_

**NOTE: INCLUDE AN OFFICIAL TRANSCRIPT WITH YOUR APPLICATION**

**Indicate classification for Fall 2022:**

College: Freshman: \_\_\_\_ Sophomore: \_\_\_\_ Junior: \_\_\_\_ Senior: \_\_\_\_

Graduate School: First Year: \_\_\_\_ Second Year: \_\_\_\_ Third Year: \_\_\_\_ Fourth Year: \_\_\_\_

**Institution you anticipate attending during the 2022/2023 academic year:**

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Anticipated Date of Graduation: \_\_\_\_\_

Academic Major or Course of Study: \_\_\_\_\_

Vocationally are you preparing for a career in Christian ministry? (Yes/No)\_\_\_\_\_.

If so, what area of Professional ministry (Example: 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 this application and will use the information only for the purposes 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 Church Scholarship Program  
Release of 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 if/when necessary. 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 2022/2023 academic year. THIS INFORMATION WILL ONLY BE REQUESTED BY THE ASSOCIATION FOR THE PURPOSE OF DETERMINING SCHOLARSHIP ELIGIBILITY. Thank you.

Applicant Signature: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

THE COMPLETED SCHOLARSHIP APPLICATION & REQUESTED MATERIALS  
MUST BE POSTMARKED NO LATER THAN APRIL 4, 2022.