



Minority Scholarship Fund
Application

Deadline: January 31

Personal Data

Name _____ Date ____/____/____
Last First Middle

Current address _____
Street Apartment

City State Zip

Telephone number () - _____ E-mail address _____

Social Security number - - _____ Date of birth _____ Sex M F

Have you applied to and been accepted by Bob Jones University? Yes No

Nationality African American African Asian Island Pacific Other _____

Semester for which scholarship will be used Fall 20__ Spring 20__ Summer 20__

Classification at that time Freshman Sophomore Junior Senior Grad

Major _____

High school attended _____
Name of school Address

College attended _____
Name of school Address

SAT/ACT score _____ Honors and achievements _____

Extracurricular activities _____

Community involvement _____

Name and address of the church you regularly attend _____

Parents' Data

Father's name _____

Address _____

Telephone number () - _____

Occupation _____

Income for last year _____

Projected income for this year _____

Mother's name _____

Address (if different from father's) _____

Telephone number () - _____

Occupation _____

Income for last year _____

Projected income for this year _____

Number of other children in college or university _____ Tuition paid \$ _____

Number of other children in Christian elementary, junior high or senior high _____ Tuition paid \$ _____

Financial Information per year (please use U.S. dollars)

Expenses

Tuition and fees	\$
Room/board	\$
Books	\$
Supplies	\$
Transportation	\$
Laundry	\$
Clothing	\$
Personal needs	\$

Total projected expenses \$

Financial assistance

Scholarships/awards	\$
Student employment	\$
Loans	\$
Parents	\$
Other	\$

Total projected assistance \$

**Total projected expenses
minus total financial assistance**

Total projected need \$

I authorize the board to discuss this with the appropriate administration of Bob Jones University and with any of my references. The information reported on this form, to the best of my knowledge, is correct and complete. Yes No

Signed: _____ Date: _____

Please submit the following with this application:

- 1) Your personally written testimony of your faith in Christ
- 2) Three written recommendations from references who have known you for at least two years. One reference must be your pastor and the other two must not be related to you. Each of your references should explain why you should qualify for a scholarship from the Minority Scholarship Fund and should include his or her name, address and telephone number.
- 3) Copy of your parents' or your (if parents' unavailable) latest federal income tax return (i.e., IRS Form 1040, 1040A or 1040EZ) or its equivalent if your family does not reside in the U.S. If your home country does not have an equivalent to this form, please include a note of explanation.

Grantees shall use grants to pay tuition required for enrollment, fees, books, supplies and equipment required for courses of instruction at Bob Jones University. If the scholarship is awarded, funds will not be released until you are enrolled at Bob Jones University.

**Send completed application and references to:
Minority Scholarship Fund, c/o Board Liaison, Box 34555, Greenville, SC 29614**