

or _____ Divinity School in

City State

4. I have been accepted and am beginning my ___ first ___ second ___ third ___ fourth
year at _____ Seminary or _____
_____ Divinity School.

5. I will graduate from seminary/divinity school in _____, 20____ with the
_____ degree in _____.

6. Have you received any additional scholarships? _____ If yes, please state the
names and amounts _____

EMPLOYMENT RECORD

Employer	Dates	Nature of work
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHURCH AFFILIATION

I am currently a member of _____ Church. I have served in the
following positions here or at other churches.

1. _____
2. _____
3. _____

The following persons may be contacted for references, if the committee so desires.

1. _____ Address _____

City _____ State _____ Zip _____ Phone() _____

2. _____ Address _____

City _____ State _____ Zip _____ Phone() _____

Signature _____

Date _____

APPLICATION DEADLINE

- Fall Semester, August 1
- Spring Semester, December 1

IF YOU ARE SELECTED TO RECEIVE A SCHOLARSHIP AWARD, YOU WILL BE CONTACTED.

FOR OFFICE USE ONLY

DO NOT WRITE IN THIS AREA

Received request for application on _____ By _____

Application received in office on _____ By _____

School Identification Number _____

Social Security Number _____

Revised 09/16/04

You may visit our church web site at www.firstbaptistkannapolis.com for additional information about our church or you can email Tom Cabaniss tcabaniss@firstbaptistkannapolis.com. If you have questions concerning the completion of this application.

You may also contact us by the following means...

Phone 704-938-4697

Fax 704-392-7406

Address... First Baptist Church
101 N. Main Street
Kannapolis, NC 28081

CHARLES C. COFFEY MEMORIAL SCHOLARSHIP APPLICATION

AUTOBIOGRAPHY