



The Reverend Doctor John Q. Gibbs Scholarship

Name: _____
(Last) (First) (M.I.)

Parent(s)/Guardian(s): _____
(Last) (First) (M.I.)

Address: _____
(Street, City, State, Zip Code)

Home Phone Number (Include Area Code): _____

Date of Birth: _____

Graduate's Email Address: _____

Parent(s)/Guardian(s) Email Address: _____

High School (Include City and State): _____

Date of Graduation: _____

High School and Community Clubs, Organizations & Activities:

List the student clubs, organizations, or activities (e.g., extracurricular) you have been actively involved with over the past four years.

Club, Organization or Activity	Years of Participation (Include Dates)	Office/Position Held
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Club, Organization or Activity	Years of Participation (Include Dates)	Office/Position Held

Application Deadline: Sunday, April 21, 2024



Honors and Awards:

List any honors or awards you have received within the past four years.

_____	_____
Honor/Award	Date Received
_____	_____
Honor/Award	Date Received
_____	_____
Honor/Award	Date Received

Other Scholarships Received (Include Date(s) Received):

Antioch Baptist Church Ministries in Which You Actively Serve(d):

Have you been accepted to a four-year college or university, specialty school, or community college? ___Yes ___No?

If so, what school will you be attending, Name of Institution (Include City and State):

Major/Minor: _____

Professional Goals:

Additional Information: Please provide any additional information you would like the selection committee to consider while reviewing your application (including but not limited to: first-generation college student; cumulative GPA; ACT or SAT score; student service hours earned; high school or community-related activities or recognitions; employment opportunities):

