



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

**Application Deadline: Sunday, April 20, 2025**



**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):**

\_\_\_\_\_

**Are you a member of Antioch Baptist Church? \_\_\_Yes \_\_\_No?**

**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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Application Deadline: Sunday, April 20, 2025**



**Word Essay (500-650 words):** Please discuss how you know you are saved. In addition, please describe how your relationship with Christ has changed/impacted your life.

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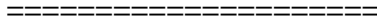
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*I hereby certify that the information provided above is true and accurate to the best of my knowledge and belief.*

Name: \_\_\_\_\_  
(Sign)

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