THE REVEREND DOCTOR JOHN Q. GIBBS SERVICE SCHOLARSHIP

APPLICATION DEADLINE: Sunday, April 28, 2019

NAME: _____ _____ _____ _____
(LAST) (FIRST) (M.I.)

PARENT/GUARDIAN: _____

ADDRESS: _____

HOME PHONE (INCLUDE AREA CODE) :_____

DATE OF BIRTH: _____

GRADUATE'S EMAIL ADDRESS: _____

PARENT(S)/GUARDIAN(S) EMAIL ADDRESS: _____

HIGH SCHOOL:_____

DATE OF GRADUATION:_____

HIGH SCHOOL ACTIVITIES:_____

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HONORS AND AWARDS:_____

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OTHER SCHOLARSHIPS RECEIVED: _____

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ANTIOCH BAPTIST CHURCH MINISTRIES IN WHICH YOU ACTIVELY SERVE:

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HAVE YOU APPLIED TO A FOUR-YEAR COLLEGE OR UNIVERSITY, SPECIALTY SCHOOL, OR COMMUNITY COLLEGE? ____YES ____NO

HAVE YOU BEEN ACCEPTED? ____YES ____NO

NAME OF INSTITUTION:_____

MAJOR/MINOR:_____
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PROFESSIONAL GOALS:_____
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On a separate sheet of paper, please type a 500-650 WORD ESSAY on how you know you are saved. In addition, please describe how your relationship with Christ has changed/impacted your life.