



INSTRUCTIONS

1. Please print in blue or black ink.
2. Answer every question. Incomplete applications will be returned.
3. If you have questions, call 407-412-9322
4. Send completed form to:
Florida Bible College Office of Financial Aid
2200 Pembroke Drive, Orlando, FL 32810

FOR OFFICE USE ONLY

Date received:

Student ID Number. _____ Name: Last _____ First _____ Middle Initial _____
 P 0 0 0 ____ I ____ I ____ I
If unknown, use the last 4 digits of your Social Security Number

Term of Intended Enrollment
 Fall 20____ Spring 20_ _

QUALIFICATIONS

- ❖ Child of a full-time Christian day school personnel who provides the primary support for the family (e.g., school administrators, teachers), or child of a full-time Bible teaching pastor, associate pastor, youth pastor, missionary, and/or evangelist who provides the primary income for the family. In all cases, the primary income for the family must be from the organization;
- ❖ Parent's ministries are consistent with the mission and doctrine of Florida Bible College;
- ❖ Demonstrated financial need;
- ❖ Student meets classification as a full-time student; and
- ❖ Student must have a minimum cumulative GPA of 2.0.

Grant is awarded on a first-come, first-served basis as funds permit.

PARENT'S INFORMATION

Position Classification: Church Worker Missionary/Evangelist Christian Day School Worker

Position Title: _____ Organization: _____

- Yes, I believe I qualify. I have enclosed the organization's doctrinal statement.
- Please renew my application from last year.

My signature below certifies that I (my son/daughter) meet(s) the scholarship qualifications listed above.

Student's Signature: _____ Date: _____
Electronic signatures are not accepted

Parent's Signature: _____ Date: _____
Electronic signatures are not accepted