

Chalker W. & Kathryn Brown Memorial Scholarship 2025 Instructions and Information

PLEASE READ AND FOLLOW ALL INSTRUCTIONS CAREFULLY!

Eligibility:

- The applicant is to give clear testimony to having a personal relationship with the Lord Jesus Christ.
- The applicant must be applying for scholarship aid for post-secondary education.
- The applicant must be an active member of Callahan First Baptist Church as defined in the church Constitution at the commencement of education supported by the Scholarship (the Scholarship Team will be the final authority in defining active membership in consultation with the appropriate church staff):

*Active Members shall be individuals that have been duly received into the Church as Members and who have **regularly participated in worship services and otherwise engaged in spiritual fellowship** with other Members and who do qualify as Active Members.*

Selection:

- The scholarship will be awarded based on financial need, academics, and character.
- Scholarships are awarded without regard to gender, race, nationality, or national origin.

Process:

- The Scholarship will be annually awarded and will be administered by the Educational Scholarship Team of Callahan First Baptist Church.
- The scholarship may be awarded to more than one applicant.
- The award may go to a student that is seeking a ministry or non-ministry related education at a state or private college, university or seminary.
- Applicants may apply for this scholarship annually.
- The Educational Scholarship Team of Callahan First Baptist Church will consider each applicant's grade point average (G.P.A.), financial need, personal testimony, and overall character.

Instructions:

- Applications must be typed or neatly handwritten.
- Guidance Counselor¹ or correct college employee² **must** complete the appropriate section.
- ***All applications must be received in the church office no later than 4:30PM on Thursday, April 17, 2025.*** All incomplete applications that have not been corrected or applications received after this date and time will not be considered for award.
- Please follow instructions **carefully** and **completely**. ***Incomplete or incorrect applications cannot be considered.*** It is **your responsibility** to complete the application correctly. The committee has no obligation to pursue information for you during the application submission process. If questions should arise during completion of this form, contact the Correspondence Assistant (during regular business hours; 8 a.m. to 5 p.m. (closed for lunch 12:30-1:30pm daily)).
- Please include a picture of yourself with this application.

¹ For high school seniors, you must obtain the signature of a Guidance Counselor from your school.

² For those in post-high school institutions, you must obtain the signature of the school employee who processed your official transcript request.



FINANCIAL INFORMATION:

Father ' s/Step-Father' s Name: _____ Occupation: _____

Mother' s/Step-Mother' s Name: _____ Occupation: _____

Guardian' s Name (if applicable): _____ Occupation: _____

Total Annual **Gross Household*** Income: \$ _____

**This figure should include both parents ' income even if the student does not live with both of his/her parents. If you do not know the income of a parent who does not live with you, include the income of your step-parent (or guardian) who fills their role in your home. This figure should also include child-support payments or any other form of income. If applicant is married, use YOUR household income, not that of your parents. Failure to include an amount on this line will cause the committee to disregard the application.*

Are you employed? If so, where: _____

Your Annual Income: \$ _____ . _____

Total of other scholarships you have received: \$ _____

Have you qualified or will you qualify for the Florida "Bright Futures" Scholarship? Yes No

- If so, for what level will you qualify?
- Florida Academic Scholars (FAS) (100% tuition at public institution+)
 - Florida Medallion Scholars (FMS) (75% tuition at public institution#)
 - Academic Top Scholars Award (\$44 per semester hour)

⁺Additionally: \$212 per semester hour private institution awards

[#]Additionally: \$159 per semester hour private institution awards

PERSONAL TESTIMONY: (May be continued on a separate sheet if necessary.)

I, the undersigned, attest that the above information is true to the best of my knowledge.

Signature of Applicant Date

The applicant must return this form with the application. *Please make sure that your Guidance Counselor/Registrar attaches a copy of your most recent official grade report or official transcript to this sheet. Students at Florida State College Jacksonville should go to the Office of Enrollment Services to have this form completed.*

Applicant's Name _____ SS#: _____

THIS SECTION TO BE COMPLETED BY GUIDANCE COUNSELOR¹ OR COLLEGE EMPLOYEE²:

Guidance Counselor¹/College Employee²: Please complete the following information for the above-named applicant. They are applying for the Chalker W. & Kathryn Brown Memorial Scholarship through Callahan First Baptist Church. The applicant ***must*** return this form and an ***official student transcript*** with their application. *It is their responsibility to return this form to the church office.* Your assistance is greatly appreciated.

Applicant's Cumulative GPA: _____

SAT Score*: _____ ACT Score*: _____ High School Class Rank*: _____

**Necessary for current high school seniors only.*

Remarks or comments concerning this applicant (if personally known): _____

Signature of high school Guidance Counselor or college employee processing official transcript request _____ *Date*

Phone number for high school Guidance Counselor or college employee processing official transcript request

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² For those in post-high school institutions, you must obtain the signature of the school employee who processed your official transcript request.

