



New Antioch Missionary Baptist Church



250 Lebanon Avenue Belleville, IL 62220

Rory J. Brooks, Pastor

Phone (618) 233-7382

THE YOUTH SCHOLARSHIP FUND APPLICATION

Youth Applicants Full Name:

_____ DOB: _____

Street Address

Home Mailing Address:

_____ City State Zip

Home Phone Number:

Alternate Phone Number:

Youth Email address:

Parent Email Address:

Parent /Guardian Name (1):

Contact Number:

Parent [Guardian Name (2):

Contact Number:

School Information [REDACTED]

High School Name:

School Address:

Street Address

_____ City State Zip

Grade Level:

Current GPA:

Graduation Date:

Higher Education

(College, University, Trade, Vocational or Technical)

Must coincide with submitted acceptance letter

School Name

_____ City State Zip

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School

Address Street Address

Intended Major Choice (1):

Intended Major Choice (2):

List of Accomplishments

List all School Activities (Organizations, Athletics, etc) and/or Scholastic Achievements (Honor Society, Scholastic Awards):

1. _____
2. _____
3. _____
4. _____
5. _____

Community Service/Employment

Describe any volunteer work you have done at church:

Describe any volunteer work you have done in your community:

Student Signature: _____ Date: Parent Signature: _____

Date: _____

Completed applications for the Fall session is due no later than the 2nd Friday in August & for the Spring session applications are due no later that the 2nd Friday in December.

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Youth Scholarship Fund
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Belleville, IL 62220