

*Dr. Marshall and Kim Hollis Family
First Baptist Church Ripley Scholarship*
APPLICATION

NAME _____ GENDER _____

HOME ADDRESS _____ PHONE NUMBER _____

CITY _____ STATE _____ ZIP _____

HIGH SCHOOL ATTENDED _____

PARENTS' OR GUARDIANS' NAMES _____

FATHER'S OCCUPATION _____

MOTHER'S OCCUPATION _____

NUMBER OF CHILDREN LIVING AT HOME _____

NUMBER OF CHILDREN IN COLLEGE _____

IS OUTSIDE FINANCIAL ASSISTANCE NECESSARY TO BEGIN AND COMPLETE A
FOUR-YEAR EDUCATION? YES NO

IF YES, PLEASE EXPLAIN WHY _____

DO YOU PLAN TO BE A FULL-TIME STUDENT? _____ PLEASE EXPLAIN
YOUR FUTURE PLANS, AS THEY RELATE TO YOUR INTEREST IN A HEALTH CARE
FIELD: _____

GIVE NAMES OF COLLEGES TO WHICH YOU HAVE APPLIED _____

HIGH SCHOOL GRADE POINT AVERAGE _____ ACT SCORE _____

CLASS RANK _____ SAT SCORE* _____ VERBAL _____ MATH _____

*IF AVAILABLE

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LIST ALL EXTRA CURRICULAR ACTIVITIES DURING YOUR HIGH SCHOOL CAREER, BOTH IN SCHOOL AND OUTSIDE OF SCHOOL. (Attach a separate sheet if necessary)

Activity	Dates

LIST PARTICIPATION IN ALL CHURCH ACTIVITIES DURING YOUR HIGH SCHOOL CAREER. (Attach a separate sheet if necessary)

Activity	Dates

To be eligible for the scholarship, a student must:

- 1. Be an active member of First Baptist Church Ripley youth for at least 3 years**
- 2. Have a minimum GPA of 3.0.**
- 3. Have a minimum ACT score of 18.**

The winner of this scholarship will receive a one time award paid directly to a college or university.

DUE DATE MARCH 7, 2025