

SCHOLARSHIP APPLICATION



Return to: Financial Aid Office
South Florida Bible College
2200 SW 10th Street
Deerfield Beach, FL 33442
financialaid@sfbc.edu

NAME: _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

DEGREE: _____ GPA: _____

CLASS STANDING: Freshman Sophomore Junior Senior Graduate

CAREER GOALS:

ACTIVITIES:

STATEMENT OF FINANCIAL NEED:

LIST ALL RESOURCES (Scholarships, grants, Florida Prepaid program, tuition waivers, etc.)

I authorize the release of this application and any relevant supporting information to persons involved in the selection of scholarship recipients.

Applicant's Signature

Date