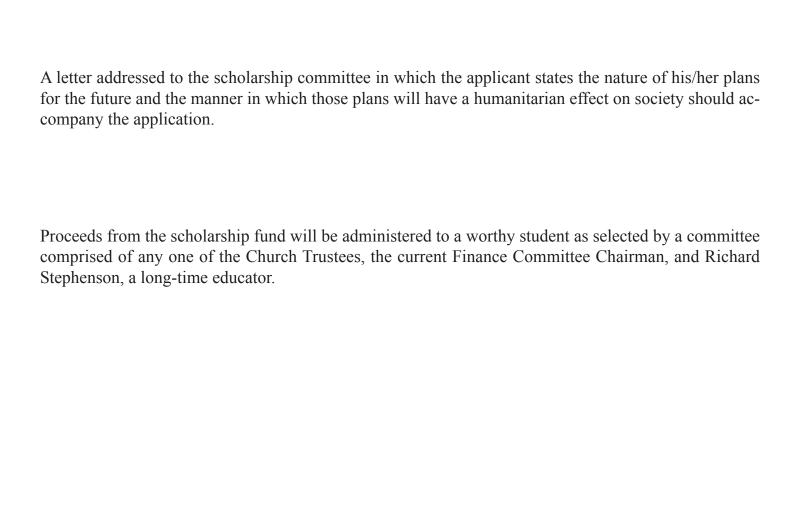
## APPLICATION FOR THE DR. JAMES ROBERT AND MARY KATHERINE TROUTT HUMANITARIAN SCHOLARSHIP

Applications for the scholarship must be received in the church office by April 15 of the year in which the funds would first be needed.

## EDUCATIONAL DATA Date of secondary graduation \_\_\_\_\_\_ Type of school $\square$ public $\square$ independent $\square$ parochial $\square$ home school Address \_\_\_\_\_ CEEB/ACT Code \_\_\_\_\_ Apartment # Number and Street State/Province City or Town State/Province Country Zip/Postal Coo Counselor's e-mail Zip/Postal Code Counselor's name (Mr./Ms./Dr., etc.) Title \_\_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ Area Code Number Ext. Area Code Number List all other secondary schools, including summer schools as well as summer and other programs you have attended, beginning with ninth grade. Location (City, State/Province, Zip/Postal Code, Country) Name of School Dates Attended List all colleges/universities at which you have taken courses for credit. List names of courses taken and grades earned on a separate sheet. Please have an official transcript sent from each institution as soon as possible. Dates Degree(s) Degree Candidate? Name of College/University & CEEB/ACT Code Location (City, State/Province, Zip/Postal Code, Country) Attended Earned ☐ Yes ☐ No \_\_\_\_\_\_ If you received a GED, list date: \_\_\_\_\_\_ (Official scores must be sent from the testing agency.) ☐ Not currently attending school. ☐Graduated from secondary school early. If your education has been interrupted for any reason, please describe in detail on a separate sheet your activities since last enrolled. PERSONAL DATA ☐ Male ☐ Female Enter name <u>exactly</u> as it appears on passports or other official documents. Last/Family First Middle (complete) Nickname (choose only one) \_\_\_ \_\_\_\_\_ Former last name(s) if any \_\_\_\_ I am applying for the term beginning Birth date \_\_\_\_\_\_ E-mail address Permanent home address Number and Street State/Province Zip/Postal Code City or Town Permanent home phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_ Area Code Area Code

Please list principal jobs you l		ORK EXPI ast three years (incl			
Specific nature of work	Employe	r	Approxi	mate dates	Approximate # of hours spent per week.
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EXTRACURRICUL.  Please list your principal extra specific events and/or major a umn (PS) those activities you this section even if you plan	acurricular, communit accomplishments such hope to pursue in coll	y, and family activit as musical instrum	ies and hobbie ent played, var focus on the	es in the order of their sity letters earned, et	r interest to you. Include cc. Check (a) in the right col-
Activity	post-secondary 9 10 11 12 PS		Weeks per year Positions held, honors v		on, or letters earned
				, 101010	
Briefly list or describe any scl		ADEMIC			onal Merit Cum I aude
Society).	notastic distinctions of	nonois you have w	on since the n	min grade (c.g., rvan	onar Wert, Cum Laude
Have you ever been found resp misconduct or behavioral misc ☐ Yes ☐ No		ary violation at any	secondary scho	ool you have attended	
Have you ever been convicted	d of a misdemeanor, fe	lony, or other crime	e? □ Yes □ N	No	
If you answered yes to either and explains the circumstance		se attach a separate	sheet of pape	r that gives the appro	eximate date of each inciden
I authorize all secondary scho process indicated on this form		ease all requested r	ecords and aut	horize review of my	application for the admissio
Signature				Date	



Troutt Scholarship Committee
FIRST BAPTIST CHURCH

PO Box 369, 205 E. Main Street, Gallatin, TN 37066 615/452-5715