

# Tri-State Bible College

P.O. Box 445  
506 Margaret Street  
South Point, OH 45680

F-05

## ALUMNI SCHOLARSHIP APPLICATION FORM

Date \_\_\_\_\_ Deadline Date \_\_\_\_\_

Name (printed) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ I.D. # \_\_\_\_\_

Program: \_\_\_\_\_ E-Mail \_\_\_\_\_

Credit hours completed to date: \_\_\_\_\_

Christian Service performed in the past

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason(s) for applying for the scholarship award:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

**This scholarship award consists of three (3) semester hours at Tri-State Bible College plus all books and fees relative to the course covered by the award.**

**PLEASE DO NOT WRITE BELOW THIS LINE**

Date received \_\_\_\_\_ Action by Committee \_\_\_\_\_

If awarded, total amount granted (tuition, fees, books, etc.) \_\_\_\_\_

Date applied to account \_\_\_\_\_

**Alumni Association Scholarship**  
Check-Off Sheet

Date \_\_\_\_\_ Student \_\_\_\_\_

1. GPA..... \_\_\_\_\_
2. Hours Current Semester ..... \_\_\_\_\_
3. Total Household Income this semester ..... \_\_\_\_\_
4. Number of Persons in Current Household ..... \_\_\_\_\_
5. Amount owed to the college ..... \_\_\_\_\_
6. Other Financial Aid Sources and Amounts (TOTAL). \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Please print this sheet on the back of the first sheet if possible**