



Tri-State Bible College

PO Box 445
506 Margaret Street
South Point, OH 45680

ALUMNI FOUNDATION SCHOLARSHIP APPLICATION FORM

Date _____ Deadline First Friday of Each Semester

Please return completed application to the Financial Aid Department.
Application does not guarantee funds will be received.
Criteria for awarding scholarship are; scholarship, Christian character, and financial need.

Award Semester: _____

Student Name _____

Address _____

Phone _____ E-Mail _____

Christian Service performed in the past:

Reason(s) for applying for the scholarship award:

Signature _____ Date _____

PLEASE DO NOT WRITE ON THIS PAGE
Office Use Only

Scholarship
Check-Off Sheet

Date _____ Student _____

- 1. GPA..... _____
- 2. Credit Hours Completed to Date..... _____
- 2. Hours Current Semester _____
- 3. Number of Persons in Current Household _____
- 4. Amount Owed to the College _____
- 5. Amount Student has paid Out of Pocket (this semester) _____
- 6. Other Financial Aid Sources and Amounts (total) _____

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

Date Application Received _____ Action by Committee _____

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

Date applied to account _____