



Scholarship Application

The Bahamas Turks & Caicos Council,
39th Episcopal District,
P.A.W. Incorporated

Scholarship Endowment Fund

***DEADLINE for scholarship application is 7th August, 2024 (No Exception).**

***Refer to application guidelines for the list of required supporting documents (i.e. evidence of GPA, transcript, references, etc.)**

***If any question does not apply to you in this application, please put N/A in the space provided.**

***Type or print legibly. Submit application form and other supporting documents to scholarship@btccpaw.org**

1. Personal Information

Applicant's Name:

Surname _____ First _____ Middle _____

Email _____

Phone Number _____

Cell

Home

Date of Birth _____ Age ()

Month

Day

Year

Gender Male ()

Female ()

Address (Home) _____

2. Church Information

Name of BTCC Church Attending

Name of Pastor _____

Number of Years you have been a Member of this Church _____

Are You a Financial Member of the Council (That is, have you been paying your Council dues?)

Yes [] No []

State Position/ Activities/Participation Within your Local Church **AND** The BTC Council

3. Educational Information

Name of Institution/School Attended and Year Graduated

Cumulative Grade Point Average (GPA) at the Time of Graduation

Name of Institution/School Attending in September

Name of Specific Major you are Planning to Pursue in College

Number of BJC Passes and Grades

Number of BGCSE Passes and Grades

AP Passes and Scores

SAT / ACT SCORE

Academic Awards and/or Honors Received

Extra-Curricular Activities

Community Service Activities and Volunteer Work

4. FAMILY INFORMATION

Parent/Guardian Name

*Mother:

Surname

First

Middle

*Father:

Surname

First

Middle

This Section to be completed ONLY by those applying for NEEDS-BASED Scholarships

Parent/Guardian Occupation

Mother's Occupation _____

Mother's Place of Employment _____

Mother's Job Description _____

Mother's Income (weekly/bi-monthly/monthly) _____

Father's Occupation _____

Father's Place of Employment _____

Father's Job Description _____

Father's Income (indicate weekly / bi-monthly / monthly) _____

Do you, **the applicant**, have any other source of income? If yes, please give details.

NOTE: The decision of the Selection Committee is **FINAL** and requests for review will **NOT** be accepted.

BTCC website: <https://btccpaw.org>

