



Scholarship Application

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

* Application opens 31st December, 2024 and closes 30th June, 2025. (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. Upload application form and other supporting documents to the BTCC website: <https://btccpaw.org/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:

*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.

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