December 10, 2014

Dear Pastors and WMU Directors:

The Charleston Baptist Association Woman’s Missionary Union will offer once again this year the Wilbur C. Hordt Scholarship in the amount of $2,000 ($1,000 per semester) to a worthy student attending Charleston Southern University.

The scholarship will be awarded based on the following requirements. The applicant must

- be a **permanent** resident in the Charleston Area
- be an **active member** in a Charleston Association (SBC) Church
- be **actively involved** in Baptist Collegiate Ministry activities
- have **outstanding** Christian character and ability
- have a **need** for financial assistance
- have all **references** submitted to the committee by the **February 21 deadline**

It is **important** that all requirements are met! In previous years we have received applications from deserving candidates who could not be considered because all specifications were not met.

We encourage you to make members of your congregation aware of the availability of this scholarship. One application is enclosed for duplication if desired. For additional copies call 843-266-5841.

Please send completed applications to the WMU Scholarship Committee, Charleston Baptist Association, P O Box 71486, North Charleston, SC 29415. Deadline for all **applications** is **February 7**.

In Him,

Betty Rhodes
Scholarship Committee Chairman

Enclosure

**Fax: 843/747-2028**

[Website URL: www.charlestonbaptist.net]
The Charleston Baptist Association Woman's Missionary Union awards an annual undergraduate scholarship of $1,000.00 per semester for a total of $2,000.00 to a Baptist Student already accepted at Charleston Southern University. This scholarship will be awarded to a permanent resident of the Charleston Area who is an active member in a Charleston Association (SBC) church, based on the need and qualifications of the applicant. Applications are to be returned to the above address by January 31. Recipient is expected to be actively involved in Baptist Collegiate Ministry activities and should contact the Campus Minister at CSU regularly to determine how he/she may assist the collegiate program. Second semester funds ($1,000.00) will be contingent upon these activities.

APPLICANT INFORMATION:

Name: ___________________________ / ___________________________ / __________ Phone: ___________________________

Permanent Address: ___________________________ / ___________________________ / ___________________________ / ___________________________ / ___________________________

Street or P.O. Box City Zip

Date of Birth: ______/_____/______ Sex: __________ Church Membership: ___________________________

Employer: ___________________________ Occupation: ___________________________ Annual Income: _______

(including salary, bonuses, other financial benefits)

EDUCATIONAL BACKGROUND:

High School: ___________________________ Name ___________________________ Address ___________________________

College: ___________________________ Name ___________________________ Address ___________________________

Dates of Graduation: High School ________ College ________ Degree ___________________________

FAMILY INFORMATION:

Marital Status: _____ Single _____ Married _____ Divorced _____ Separated

If Married:

Spouse's Name: __________________________________________ Number of Dependents: _______ Ages: ___________________________

Employer: _________________________________________ Occupation: ___________________________ Annual Income: ______

(including salary, bonuses, other financial benefits)

If Single:

Father's Name: __________________________________________ Phone: ___________________________

Address: ___________________________ / ___________________________ / ___________________________ / ___________________________ / ___________________________

Street or P.O. Box City State Zip

Employer: _________________________________________ Occupation: ___________________________ Annual Income: ______

(including salary, bonuses, other financial benefits)

Contributes to Applicant? _____ YES _____ NO how much? $ ___________________________ If deceased, give date: ___________________________

Mother's Name: __________________________________________ Phone: ___________________________

Address: ___________________________ / ___________________________ / ___________________________ / ___________________________ / ___________________________

Street or P.O. Box City State Zip

Employer: _________________________________________ Occupation: ___________________________ Annual Income: ______

(including salary, bonuses, other financial benefits)

Contributes to Applicant? _____ YES _____ NO If yes, how much? $ ___________________________ If deceased, give date: ___________________________
List names and ages of siblings and their employer (if applicable)

1. __________________________ / __________________________ / __________________________
   Name   Age   Employer

2. __________________________ / __________________________ / __________________________
   Name   Age   Employer

3. __________________________ / __________________________ / __________________________
   Name   Age   Employer

How many (if any) attend college? ________
How many (if any) still live at home? ________

FINANCIAL ASSISTANCE:
List other scholarships (federal, school, etc.) you anticipate receiving for the upcoming school year and give amount of each:

1. ___________________________________________ $ __________
   Source
   Amount

2. ___________________________________________ $ __________
   Source
   Amount

Other financial resources: ___________________________________________  

Please list any other financial considerations (such as hardships) which might affect your educational needs:

________________________________________________________________________

WORK EXPERIENCE:
List work experience for the past two years: (indicate type of work, length of employment and approximate earnings)

1. __________________________ / __________________________ / __________________________ $ __________
   Employer   Type of work   Length of Employment   Earnings

2. __________________________ / __________________________ / __________________________ $ __________
   Employer   Type of work   Length of Employment   Earnings

3. __________________________ / __________________________ / __________________________ $ __________
   Employer   Type of work   Length of Employment   Earnings

Do you plan to be employed during the upcoming school year? ______ YES ______ NO
If yes, how much do you anticipate earning? $ __________

Where will you live during the upcoming school year? ______ CAMPUS ______ HOME ______ OTHER
If Other, where? ___________________________________________

VOCATIONAL INFORMATION:
What vocation(s) are you considering?

1. ___________________________________________

2. ___________________________________________

CHARACTER REFERENCES:

Pastor: ___________________________________________ / ___________________________________________
   Name   Address   Phone

School Teacher
or Official:

Name________________________ / __________________________ / __________________________
   Address   Phone

Friend of Family
(not a relative):

Name________________________ / __________________________ / __________________________
   Address   Phone

Applicant’s Signature: ___________________________________________

Note: Upon receipt of this application, reference forms will be mailed to the persons named above. All three references are due February 21st. The applicant is responsible for seeing that all references are returned. Your application will not be considered without them!
CONFIDENTIAL INFORMATION
for
WMU Scholarship Committee
Charleston Baptist Association
P O Box 71486, North Charleston, SC 29415

The information indicated below is necessary before the applicant can be considered for a $2,000.00 scholarship to Charleston Southern University. Please give honest opinions of the information known to you and return this to the above address by FEBRUARY 21. This applicant will not be considered without your reference.

Name of Applicant: ________________________________

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How long have you known the applicant? ____________________________________________

Do you believe the applicant can do college work? ____________________________________

FOR PASTORS: Is applicant a member of your church? _____ YES _____ NO
Applicant’s family? _____ YES _____ NO

Check activities in which applicant is active:

- Church Attendance
- Sunday School
- Church Training
- Choir
- RA, GA or WOM

FOR SCHOOL OFFICIALS: How do you rank applicant in class? _____ upper fourth

- upper half
- lower half

OTHER COMMENTS: ________________________________________________________________

Submitted by: ___________________________ Date: __________

Signature

Title: _____ Pastor _____ School Teacher or Official _____ Friend of Family (not a relative)