

DOVER BAPTIST ASSOCIATION
W. PAUL HEPLER SCHOLARSHIP APPLICATION

The scholarship: Awards will be made to qualified applicants based on the proceeds of the fund each year.

Criteria for Selection: To be considered for the Hepler Scholarship, a person must be a member of a Dover Association Baptist Church for at least one year prior to the application. The application must be approved by the church (see section IV). Applications must be submitted to the Dover Association Office no later than March 15 each year. The applicant must be planning to pursue a baccalaureate or graduate degree in an accredited college, university or seminary. Seminary students must attend a seminary accredited by the American Association of Theological Schools. College students must attend a college accredited by the Southern Association of Colleges and Schools. The school may be any accredited one in Virginia or a Baptist institution out-of-state. (Exceptions may be considered when the applicant is pursuing a diploma program such as one at an accredited seminary.)

PART I

Legal Name: _____
Last First Middle Gender

Prefer to be called: _____ E-mail address: _____

Permanent Home Address: _____
Number and Street

City

State

Zip Code

If different from above, please give your complete mailing address for all scholarship correspondence.

Mailing address: _____
Number and Street

City

State

Zip Code

Telephone at mailing address: _____ Permanent Home telephone _____
Area Code/Number Area Code/Number

High school attended: _____

School, college or seminary you plan to attend _____ Desired area of academic

concentration: _____ Level, if presently in college _____

Career or Professional plans: _____

The Dover Church of which you are member: _____

Years of membership: _____

Church address: _____
City State Zip Code

Minister's Name: _____
Name Title

(next page)

PART II

1. Please provide a brief autobiographical statement (preferably as an attached electronic file), of your family and personal background including information on your Christian experience, church activities and vocational goals.

2. Please give the following financial information:

Expenses: Tuition \$ _____ Room and Board \$ _____

Your family's annual income (most recent Federal Income Tax Adjusted Gross Income)
\$ _____

Any other scholarships awarded to you, so far, with dollar amounts: _____

Savings or other assets to be applied to college expenses for the coming year \$ _____

Expected earnings from your employment to be applied to college expenses next academic year
\$ _____.

Any other financial need circumstances which you would like to be considered such as family size, single parent, etc.: _____

Part III

Please give your cumulative grade point average (GPA) _____ most recent grading period GPA _____.

Did you take any honors or AP courses in High School? _____

_____ What is your class ranking? _____ Your class size? _____

Please attach copies of grade report forms or unofficial transcript from your school. What are your school-related activities? _____

PART IV

Please have your Pastor or church officer (in absence of a Pastor) complete the form on the next page and mail or fax it to the Dover Office before the March 15 deadline. PLEASE EMPHASIZE THAT THEY NEED TO PROVIDE A PARAGRAPH LISTING THE REASONS WHY YOU SHOULD OR SHOULD NOT RECEIVE THIS SCHOLARSHIP.

Part IV of the Dover Baptist Association W. Paul Hepler Scholarship Application

Please fill the blanks, mail, fax or scan and E-mail the **signed** copy along with the **PARAGRAPH REQUESTED** to the

Dover Baptist Association
11006 Lakeridge Parkway
Ashland, VA 23005
Fax: 804-550-1314
E-mail: dover.info@doverbaptist.org

I attest to the fact that _____ has been a member of
Name of Applicant

Name of Church

For at least one year and that the Church approves this application for the Dover Baptist Association

W. Paul Hepler Scholarship. _____
Signature of Pastor or church officer

Please provide a paragraph listing reasons why the applicant should or should not receive this scholarship.