

**CORINTHIAN BAPTIST CHURCH  
MEMORIAL SCHOLARSHIP FUND  
1<sup>st</sup> Semester Application**



Corinthian Baptist Church  
1920 Tennessee Ave. Cinti. Ohio 45237  
513-221-7351

PLEASE PRINT:

Name \_\_\_\_\_

Home address \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ I have maintained my active membership with CBC- Yes \_\_\_ No \_\_\_

School currently attending \_\_\_\_\_

School address/phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Current major/minor \_\_\_\_\_

Student Status: full time \_\_\_\_\_ part time \_\_\_\_\_

Start date of upcoming semester or term \_\_\_\_\_

**Please attach completed spring term grades (those who are returning to college) and verification of upcoming fall term enrollment (All applicants), with this application.**

I FULLY UNDERSTAND THAT I WILL BE REQUIRED TO SEND A COPY OF MY GRADES TO THE SCHOLARSHIP COMMITTEE EACH SCHOOL TERM TO VERIFY THAT I'VE COMPLETED THE LAST TERM OF MY STUDIES WITH A MINIMUM 2.0 G.P.A. I ALSO, UNDERSTAND THAT FAILURE TO SEND A COPY OF MY GRADES OR NOT COMPLETING THE PRIOR TERM WILL RESULT IN INELIGIBILITY FOR RECEIVING ADDITIONAL FUNDS. I WILL ACKNOWLEDGE RECEIPT OF FUNDS RECEIVED BY THE CORINTHIAN BAPTIST CHURCH MEMORIAL SCHOLARSHIP FUND. Funds available for active members only.

Applicant's  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATION DISTRIBUTION START DATE: \_\_\_\_\_ Sunday, July 19, 2020**  
**DEADLINE FOR RETURNING COMPLETED APPLICATION: \_\_\_\_\_ Sunday, August 16, 2020**  
**PRESENTATION OF SCHOLARSHIP AWARD: \_\_\_\_\_ Sunday, August 30, 2020**

Committee Members:

Donita Binford  
Charlene Calhoun  
Vanessa Gilbert  
Mildred Kennedy  
Ed Lewis  
Maxine Price Moore  
Margaret H. Walker  
Gail P. Lewis  
Ebony Griggs-Griffin, Ed.D. - Chairperson

**\*\*Return applications and grades/verification to [ebonygriffin24@gmail.com](mailto:ebonygriffin24@gmail.com) by August 16<sup>th</sup>\*\***