

**CORINTHIAN BAPTIST CHURCH  
MEMORIAL SCHOLARSHIP FUND**  
**2<sup>nd</sup> Half Application Update (2020-2021)**



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 quarter, semester or term \_\_\_\_\_

**Please attach completed fall term grades and verification of upcoming winter term enrollment, 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, December 27, 2020**

**DEADLINE FOR RETURNING COMPLETED APPLICATION: SUNDAY, January 10, 2021**

**PRESENTATION OF SCHOLARSHIP AWARD: SUNDAY, January 17, 2021**

Committee Members:

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