Eligibility Criteria for B. W. Watkins Scholarship

1. Applicant must be a member of First African Baptist Church for a minimum of six (6) months and in good standing.
    a. Applicant is expected to make a financial commitment to the church,
    b. Applicant is expected to attend church as often as possible.
    c. Applicant expected to participate in the activities of the church.

2. Applicant must have entered an institution of higher learning by the age of twenty-one (21). Institution of higher learning is defined as:
    Accredited college or university
    Trade School
     Business School
    Technical or Vocational

3. Applicant will receive stipends dependent on their enrolled program.

4. Applicant entering a five (5) year program at an accredited college or university will receive a maximum of ten (10) stipends.

5. Applicant must complete a B. W. Watkins Scholarship Ministry REQUEST FOR FINANCIAL ASSISTANCE application. Incomplete applications will not be accepted.

6. Applicant must show proof of admission to their selected school by submitting a Fall/Spring course schedule. Note: No stipend will be given without proof of admission.

7. Applicant must maintain a minimum of 2.0 G. P. A. Note: No stipend will be given without an official transcript.

8. Applicant must be a FULL-TIME student.

9. Application due September 15th and January 11th.

REVISED 5/1/23.

B. W. WATKINS SCHOLARSHIP MINISTRY
Request for Financial Assistance

DATE: _____

Name_____ _____ _____

<div align="center">LAST   FIRST   MI</div>

DATE OF BIRTH: ____/_____/_____ PARENT OR GUARDIAN_____

HOME ADDRESS: _____

<div align="center">STREET</div>

_____ _____ _____

<div align="center">CITY   STATE   ZIP CODE</div>

CELL PHONE # _____ EMAIL ADDRESS_____

CHURCH ACTIVITIES: _____

NAME AND ADDRESS OF YOUR COLLEGE:

        NAME: _____

        ADDRESS_____

        _____ _____ _____ _____

<div align="center">CITY   STATE   ZIP CODE   ENROLLMENT YEAR</div>

TYPE OF PROGRAM: FOUR YEARS_____ TWO YEARS_____ OTHER_____

STATUS: FRESHMAN_____ SOPHOMORE_____ JUNIOR_____ SENIOR_____ OTHER_____

NUMBER OF CREDIT HOURS THIS SEMESTER: _____ CURRENT GRADE POINT AVERAGE: _____

MAJOR: _____ MINOR_____

EXPECTED YEAR OF GRADUATION: _____

<div align="center">NAME AND ADDRESS OF PREVIOUS COLLEGE</div>

NAME: _____

STREET_____

_____

<div align="center">CITY   STATE   ZIP CODE   ENROLLMENT YEAR</div>

A copy of your transcript from the high school or college attended must be submitted with the application. The transcripts should include all the courses you took with the grades and credits you received from each course. The transcript must be stamped by your school and have an official signature.

For office use only

Date Received_____ Approved_____ Reviewer_____ Rejected_____