



Robert "Bob" Jones Scholarship Application

Presented by the FBCSH Men's Fellowship

Please type or legibly print your responses.

Date: _____

Applicant's Full Name: _____

Street Address: _____

City: _____ State & Zip: _____

Email Address: _____

Phone Number: _____

Preferred Time(s) to call
from 8 am to 7 pm _____

Date of Birth: Month _____ Day _____ Year _____ Gender: _____

Cumulative Grade Point Average (GPA): _____ (Based on a 4.0 scale)

High School Name: _____

Street Address: _____

City: _____ State & Zip: _____

Are you the first person in your family to go to college? Yes _____ No _____

How many of your siblings will be in college the same time you will be enrolled? _____
A sibling is a relative that shares at least one parent with the applicant.

List any academic honors, awards, membership, and sports activities while in high school:
