



# 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:

---

---

---

---



