MT CALVARY BAPTIST CHURCH
SCHOLARSHIP APPLICATION FOR PREVIOUS SCHOLARSHIP RECIPIENTS

Have you ever been the recipient of a Mt. Calvary Baptist Church Scholarship?

❑ No. I have *never* been awarded a Mt Calvary Baptist Church Scholarship. **(STOP!)** If you checked this box, **DO NOT** complete this application. Please complete the *Mt. Calvary Baptist Church Scholarship Application Packet,* available at **https://www.mcbcmesa.org** or in the church vestibule.

❑ Yes. I am a *past recipient* of this scholarship. **(Complete and submit this form).**

Name:_____

Address: Home_____
School (if living in campus housing)_____
_____

Phone: Cell _____ Landline_____

Email address: _____

PLANS TO ENROLL

Do you plan to continue your enrollment in a postsecondary institution for the coming school year? ___ no ___ yes

If no, **do not** complete this form. You are *not* eligible to apply as a previous scholarship recipient..
If yes, provide proof of your continued enrollment for the upcoming term and submit it with this form.
School name_____

Year in school: ❑ Freshman ❑ Sophomore ❑ Junior ❑ Senior Cum. GPA: _____

CERTIFICATION

I, _____ certify that this information is true and
Print name
accurate to the best of my knowledge. I will provide additional information, including verification of enrollment, if requested, to support my application for the Mt. Calvary Baptist Church Scholarship.

Student's signature_____ Date _____

Parent's signature *(if applicant is under 18 years of age)*_____
Date_____

Submit this form and supporting documentation to our email: Mtcalvarymesa@msn.com

or by mail to: **Mt. Calvary Baptist Church, ATTN: Educational Ministry, 1720 E Broadway Rd., Mesa, AZ 85204 by July 31, 2026.**