



## Application for the Bradley Initiative for Church and Community Scholarship Program

1. Name \_\_\_\_\_  
Last First Middle Prefer to be called
2. Street Address \_\_\_\_\_
3. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone\_(\_\_\_\_) \_\_\_\_\_
4. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_
5. Highest Year of School Completed \_\_\_\_\_ Last School Attended \_\_\_\_\_  
Cumulative GPA (on 4.0 Scale) \_\_\_\_\_
6. I live with (check one) \_\_\_\_ Parents \_\_\_\_ Guardians \_\_\_\_ Other (specify) \_\_\_\_\_
7. If living with persons other than parents, please provide name(s) \_\_\_\_\_
8. Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_
9. Father's address (unless same as above) \_\_\_\_\_
10. Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_
11. Mother's Address (unless same as above.) \_\_\_\_\_
12. Annual Household Income \_\_\_\_ 0-\$19,999 \_\_\_\_ \$20,000-\$39,999 \_\_\_\_ \$40,000-\$59,999
13. Total number of persons in household \_\_\_\_\_ Number of minors in household \_\_\_\_\_
14. I am a US Citizen \_\_\_\_ Yes \_\_\_\_ No
15. I am a Bradley County Resident \_\_\_\_ Yes \_\_\_\_ No  
Date Bradley County residency established \_\_\_\_\_

16. Ethnic Affiliation or Nationality\_\_\_\_\_

(Answering this question is optional, but will aid us in evaluating your application since admission is partially based upon conditions).

17. Describe as full as possible your career goals and plans for beyond the college level. Attach a separate

sheet as necessary.

---

---

---

---

---

---

18. I agree to provide grades each grading period within 2 weeks after receipt to the Scholarship Committee Chairman. If I am unable to provide the grade within the above specified time period, I will notify Dr. Michael J. Laney at (423) 614-8229.

19. I agree that upon acceptance into this program, to perform a minimum of twenty-five (25) hours of community service work in an approved project.

20. By signing this application, I give permission to BICC, to use my name, photography or likeness for publicity to promote and enhance the BICC Scholarship Program.

21. If I violate this agreement at anytime, I may automatically forfeit the privilege of participating in this program.

22. I understand that my participation in this program is strictly voluntary.

23. I certify that the information on this application is accurate to the best of my knowledge and I give this organization my permission to verify grades and personal behavior with officials of my school and to interview persons making recommendations on my behalf.

\_\_\_\_\_  
(Student - Print Name)

\_\_\_\_\_  
(Parent/Guardian - Print Name)

\_\_\_\_\_  
(Student - Signature)

\_\_\_\_\_  
(Parent/Guardian - Signature)

\_\_\_\_\_  
Date of Application

**List of Attachments** (the following items should be attached to the application)

1. Submit two (2) letters of recommendation from any of the following (letters from relatives are not accepted)
  - A) Member of BICC (if acquainted with a member)
  - B) Pastor
  - C) Professor
  - D) Neighbor with knowledge of the student
  - E) Employer/Supervisor, Organization or Community Leader
2. Submit a copy of your latest Transcript.
3. Provide copies of certificates or awards received in academic or extracurricular activities to:

Please contact:           Dr. Michael J. Laney  
                                  [mlaney@leeuniversity.edu](mailto:mlaney@leeuniversity.edu)  
                                  614-8229 (Office)