

# The Idlewild Foundation VOCATIONAL SCHOLARSHIP

Application for FALL 2024 and SPRING 2025

**APPLICATION DEADLINE for completed application and all required documents:  
APRIL 30, 2024**

**Email will be our primary means of communication with you. You MUST respond to email and text messages in A TIMELY MANNER in order for your application to be processed.**

|  |  |
|--|--|
| Name   |  |
| Date of Birth  | Social Security #  |
| Street Address   | City, State, ZIP   |
| Cell Phone #   | Name of Cell Phone Carrier (AT&T, Verizon, T-Mobile, etc.) for texts |
| Email address (Please print <u>very</u> clearly and advise us if this changes) |  |

**The school that you plan to attend (where you plan to use this scholarship if awarded):**

School Name \_\_\_\_\_

City, State \_\_\_\_\_

## Application Requirements and Process

Please read the entire application and complete all questions. Do you qualify for the scholarship? Can you answer YES to each of these criteria?

- Yes  No Are you a member of Idlewild Baptist Church?
- Yes  No Are you a born-again Christian who is currently active in Idlewild Baptist Church, small group, and ministries of Idlewild Baptist Church?
- Yes  No Are you a law-abiding citizen living a lifestyle that is not contrary to the fidelity of Bible doctrine, Biblical moral purity, or the unity of fellowship in the church?
- Yes  No Are you pursuing an undergraduate degree or technical certificate? Is this your first undergraduate degree? (No funding is available for second baccalaureate degrees or graduate studies.)
- Yes  No Do you plan to pursue a degree at an institution that receives Title IV federal funds? (This means that students of the institution are eligible to receive federal financial aid.)
- Yes  No Do you have a high school diploma or GED (or will you graduate by the term start date)?
- Yes  No Are you able to demonstrate a financial need to fully cover your educational goals?
- Yes  No Will you provide a transcript that reflects your full academic record, including your grades for all courses attempted?

Yes  No Will you agree to write a thank you letter in the format we request? The letter will be due no later than the **middle** of the semester for which you are seeking financial aid.

How will the committee make its decision on my application? The Scholarship committee will consider these elements of your application:

- The level of your participation in small groups and ministries of Idlewild Baptist Church and active participation in an Idlewild small group. If you are away at school, the committee will consider your level of participation in a Bible-based church in the community where you live.
- The level of demonstrated financial need as shown by FAFSA forms, income tax returns, financial hardship to the student and your family, as well as other personal factors and extenuating circumstances.
- Consideration of your (or your parent's) military service and/or public safety employment.
- Conclusions drawn by your demonstration of motivation, character, ability, potential, and your determination to pursue and obtain a degree.

### **STUDENT APPLICATION FOR FINANCIAL AID for FALL 2024/SPRING 2025**

List all schools you have attended, including the city and state:

School Name: \_\_\_\_\_

City, State \_\_\_\_\_

#### **IDLEWILD MEMBERSHIP INFORMATION**

*Please list all family members who attend Idlewild Baptist Church, including yourself.*

Name \_\_\_\_\_ Relationship(s) \_\_\_\_\_

Name of Idlewild Groups you actively attend and have attended (including the teacher/facilitator name): \_\_\_\_\_

Do you actively attend and participate in other weekly ministries? If so, please describe fully: \_\_\_\_\_

Describe fully all ministries/activities you are involved in while attending school out of the local area, including the church name and pastor (or person) in charge of that ministry: \_\_\_\_\_

***Please note: Inactivity in church and ministry may disqualify you.***

#### **PERSONAL STATEMENTS**

Describe your educational and your career plans and goals. Describe your financial need for the Idlewild Foundation Scholarship. Describe any life experiences relevant to your character, determination, motivation, or hardships that you believe the Scholarship Committee should know in consideration of your application. This can be submitted on a separate sheet.

- Yes  No Have you previously been awarded a scholarship by The Idlewild Foundation? If yes, when? \_\_\_\_\_
- Yes  No I am a member of the armed forces or a Public Safety Employee (see definition below).
- Yes  No I am a son/daughter of a member of the armed forces or a Public Safety Employee

**Public Safety Employee:** Under the law these are persons who currently or have in the past served in a broad category of jobs including any of the following where their principal duties included:

- services requiring specialized training in the area of police protection, firefighting services, or emergency medical services for any city, county, state or in any area within the jurisdiction of the State of Florida;
- customs and border protection officers;
- air traffic controllers;
- Police and/or security guard licensing services: including crime prevention, suppression and investigation, uniformed patrol and response, and operates the Crimestoppers Program;
- Emergency communication including an organization that operates the public interface emergency communications telephone system by providing the 9-1-1 and Enhanced 911 emergency telephone numbers;
- Office of Emergency Services (OES) which plans for and operates the Emergency Operations Center during calamities, disasters, special events and emergencies;
- Inspections and code enforcement, usually building safety, which includes construction, electrical et al. and/or vehicle inspections;
- Animal control, including wildlife officers, game wardens, and dog catchers; and
- Department of Motor Vehicles (DMV): includes administration of driver's licenses and license plates.

Describe military/public safety employee service of your parent(s), guardian(s) and/or yourself. (If none, mark N/A):

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### SCHOOL INFORMATION

|   |   |
|---|---|
| If awarded, to what term(s) will the scholarship be applied?  |   |
| Will you be Full time or Part time? How many hours will you take each term?                                 |   |
| Please circle the appropriate term for your upcoming student status   | Freshman    Sophomore    Junior    Senior |
| Are you pursuing an Associate degree, Bachelor degree, or certificate?                                      |   |
| Will you take classes on campus or online?  |   |
| Will you commute or live on campus?   |   |
| What is your projected college graduation date?   |   |
| What is your anticipated major?   |   |
| Do you have siblings also attending college or vocational school? If so, how many. Please list their names. |   |
| Are you enrolled or have you already been accepted to this institution?                                     |   |
| If not, please explain the circumstances.   |   |

**Decisions by the Scholarship Committee are final.**

**What other sources of financial aid have been awarded or do you anticipate being awarded to you? (Pell Grant, Bright Futures, etc.) (Please attach copies of the notification of these awards)**

| Source of financial aid | Projected amount |
|-------------------------|------------------|
|                         |                  |

Describe any relevant church, school, or community service honors or awards you have received:

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### **CERTIFICATION STATEMENT, FERPA WAIVER, AND SIGNATURE**

I hereby certify that the foregoing information is true and correct to the best of my knowledge.

I certify that I am a law-abiding person currently living a lifestyle that is not contrary to the fidelity of Biblical doctrine, Biblical moral purity or the unity of fellowship in the Church.

I also certify, to the best of my knowledge that I am not:

- A contributor to The Idlewild Foundation Scholarship Fund, or
- A person with advisory privileges over the Fund, or
- An officer, director, or trustee of any contributor to the Fund.

I hereby waive my privacy rights under the Family Educational Rights and Privacy Act (FERPA) and agree that The Idlewild Foundation may communicate directly with my school, that my school may provide information to The Idlewild Foundation, and further, and that The Idlewild Foundation may communicate with the donors of my financial aid funds on my education and progress.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

### **CHECK LIST FOR COMPLETED APPLICATION PACKAGE**

**Please be sure to complete the checklist for all needed forms and information listed below.  
Your application should be complete prior to submitting.**

- Your school fee schedule showing annual costs including tuition costs, lab fees, room and board fees (if applicable), cost of books, etc. Your registration should show your tuition costs, costs for room and board and applied financial aid.
- Tax returns used for FAFSA for the last three years for your parent(s)/guardian(s) if they claim you on their taxes, or your own tax returns.
- Your FAFSA confirmation page showing the EFC number and statement showing the eligibility for either a Pell Grant or Stafford Loan, including potential amount of grant and/or loan(s). This information is found on the SAR (Student Aid Report).
- Your Award Letters/Notifications for other sources of funding or a letter saying there is none.
- Your college transcripts or high school transcript.
- Your application and documents are submitted by thee deadline to The Idlewild Foundation at the offices of Idlewild Baptist Church, 18333 Exciting Idlewild Blvd., Lutz, FL. Or by email to [jcampbell@idlewild.org](mailto:jcampbell@idlewild.org).