



INSTRUCTIONS

1. Please print in blue or black ink.
2. Answer every question. Incomplete applications will be returned.
3. If you have questions, call 407-412-9322
4. Send completed form to:

FOR OFFICE USE ONLY

Date received:

**Florida Bible College Office of Financial Aid
2200 Pembroke Drive, Orlando, FL 32810**

Student ID Number: _____ Name: Last _____ First _____ Middle Initial _____
 P 0 0 0 _ _ _ I _ _ _ _ _ I
If unknown, use the last 4 digits of your Social Security Number

Address _____ Phone Number _____

City/State/Zip/Country _____

Term of Intended Enrollment
 Fall 20____ Spring 20_____

QUALIFICATIONS

- ❖ Child of graduate (with Bachelor's degree conferred) from Los Angeles Baptist College or The Master's College;
- ❖ Student meets classification as a full-time student; and
- ❖ Student must have a minimum cumulative GPA of 2.0.

PARENT'S INFORMATION

Name of Parent/GrandParent: _____

Year Parent Graduated: _____

Yes, I believe I qualify.

My signature below certifies that I (my son/daughter) meet(s) the scholarship qualifications listed above.

Student's Signature: _____ Date: _____
Electronic signatures are not accepted

Parent's Signature: _____ Date: _____
Electronic signatures are not accepted