



Hispanic Assistance Fund
Application

Deadline: April 1 - Fall Semester
Nov. 15 - Spring Semester

Personal Data

Name _____ Date / /
Last First Middle

Current address _____
Street Apartment

City State ZIP

Telephone number () - _____ e-mail address _____

Social Security number - - _____ Date of birth _____ Sex M F

Have you applied to and been accepted by Bob Jones University? Yes No

Country of citizenship _____ Hispanic origin/heritage _____

Semester for which scholarship will be used Fall 20__ Spring 20__ Summer 20__

Classification at that time Freshman Sophomore Junior Senior Grad

Major working toward _____

High school attended _____
Name of school Address

College attended _____
Name of school Address

SAT/ACT score _____ Honors and achievements _____

Extracurricular activities _____

Community involvement _____

Name and address of the church you regularly attend _____

Parents' Data

Father's name _____ Mother's name _____

Address _____ Address (if different from father's) _____

Telephone number () - _____ Telephone number () - _____

Occupation _____ Occupation _____

Income for last year _____ Income for last year _____

Projected income for this year _____ Projected income for this year _____

Number of other children in college or university _____ Tuition paid \$ _____

Number of other children in Christian elementary, junior high or senior high _____ Tuition paid \$ _____

Financial Information per semester (please use U.S. dollars)

Expenses:

| | |
|------------------|----|
| Tuition and fees | \$ |
| Room/board | \$ |
| Books | \$ |
| Supplies | \$ |
| Transportation | \$ |
| Laundry | \$ |
| Clothing | \$ |
| Personal needs | \$ |

Total projected expenses: \$

Financial assistance:

| | |
|---------------------|----|
| Scholarships/awards | \$ |
| Student employment | \$ |
| Loans | \$ |
| Parents | \$ |
| Other | \$ |

Total projected assistance: \$

Projected expenses
-projected financial assistance

Total projected need: \$

I authorize the board or its representatives to discuss this application with Bob Jones University.

I also hereby authorize the board or its representatives to discuss my application with any of my references. Yes No

The information reported on this form, to the best of my knowledge, is correct and complete.

Signed: _____

Date: _____

Please attach to this application:

- 1. Your personally written testimony** of your faith in Christ along with a brief paragraph explaining your Hispanic background and/or experiences in a Hispanic ministry
- 2. Three sealed envelopes containing written recommendations** from three references who have known you for at least two years. One reference must be your pastor and the other two must not be related to you. Each of your references should explain why you should qualify for a scholarship from the Hispanic Assistance Fund. Each reference should also include his or her name, mailing address and telephone number.
- 3. Your parents' or your (if parents unavailable) latest federal income tax returns** (i.e., IRS Form 1040, 1040A or 1040EZ).

Grantees shall use grants to pay tuition required for enrollment, fees, books, supplies and equipment required for courses of instruction at Bob Jones University. If the scholarship is awarded, funds will not be released until you are enrolled in Bob Jones University.

Send completed application and references to:

Hispanic Assistance Fund, c/o Board Liaison, Box 34555, Greenville, SC 29614