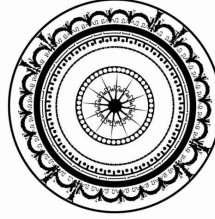


First Baptist Church on Fifth



501 W. Fifth Street
Winston Salem, N.C. 27101
(336) 722-2558
(336) 725-1273 (fax)
Web site: www.firstonfifth.org
scholarship@fbcw-s.org

THE IDA TILSON SCHOLARSHIP FUND

First Baptist Church
501 West Fifth Street
Winston Salem, NC 27101

The Ida Tilson Scholarship Fund was established in 1981 by a bequest to the Board of Trustees of the First Baptist Church of Winston-Salem, North Carolina. Ida Tilson asked that the funds be used to provide multiple scholarships based on need to students enrolled in "institutions of learning and study". Please note that institutions are not limited to four-year colleges, and applications for vocational training programs will be gladly accepted. The Ida Tilson Scholarship Committee was established to award the scholarships. The amount of the scholarship funds varies from year to year.

The Tilson fund will be able to offer support to a limited number of new applicants for the **2023-2024** school year. Both new applicants and students who are current Tilson Scholars (planning to re-apply) should use the attached forms. It is necessary that these forms and appropriate transcripts are fully completed and returned to The Ida Tilson Scholarship Committee, First Baptist Church, 501 West Fifth Street, Winston Salem, North Carolina 27101 or e-mailed to the Chairman of the Scholarship Committee at scholarship@fbcw-s.org, by 12:00 noon, Friday, **April 14, 2023**.

Awards will be announced before July 1, 2023.

In addition to the primary criteria of need, other factors of consideration in the selection process include: ① evidence of ability to succeed in the educational program chosen, ② character and dependability, and ③ religious involvement. These criteria will continue to be used in reviewing the applications for renewal.

The Scholarship Committee will consider applications from students who are residents of Forsyth County.

**IDA TILSON SCHOLARSHIP FUND
STUDENT APPLICATION
2023-2024**

Please complete this application form and the accompanying Financial Aid Form. Supply each of your references with one of the enclosed recommendation forms after you have read and signed it. Your completed application, the reference letters, and college transcripts must be returned to the **Ida Tilson Scholarship Fund**, First Baptist Church, 501 West Fifth Street, Winston Salem, NC 27101 or emailed to scholarship@fbcw-s.org by noon on **April 14, 2023** to be eligible for funds in the 2023-2024 academic year.

Name of Applicant

Last

First

Middle

Address

(City)

(State)

Phone

E-Mail address

County

Father's Name:

Address:

Place of Employment:

Mother's Name:

Address:

Place of Employment:

Guardian's Name:

Address:

Place of Employment:

Applicant's High School

Date of Graduation:

Address of High School:

List the names and addresses of two persons, other than relatives, who will serve as references. One should be able to attest to the character of the applicant and the other should be from a person at the applicant's educational institution. You should give each of these persons a recommendation form and ask that they send it directly to scholarship@fbc.w-s.org or mail it to Ida Tilson Scholarship Committee, First Baptist Church, 501 West Fifth Street, Winston Salem, NC 27101.

Name	_____	Name	_____
Address	_____	Address	_____
Position	_____	Position	_____

In what educational institution are you enrolled or do you plan to enroll?

Is there a particular program in which you plan to enroll or are currently enrolled? If so, name and describe it.

To what educational institutions have you applied and by which have you been accepted for 2022-2023?

What are your career goals? If you have not set your career goals, in what ways do you expect this education to benefit you?

On an attached sheet, in 200 words or less, explain why you believe you should receive this scholarship. Be sure to include information about your religious involvement.

Receipt of a grant from the Ida Tilson Scholarship Fund is contingent on your acceptance by and continued enrollment in the institution specified in this application. Any award must be used for this purpose only. Any other use of these funds will require repayment to the Fund by the applicant. I understand the requirements of the Ida Tilson Scholarship Fund and agree to abide by them.

Anticipated Date of Graduation: _____

Applicant Signature _____ Date _____

Parent or
Guardian Signature _____ Date _____

Application Checklist:

- _____ Student Application Form
- _____ Essay
- _____ Two Recommendations (including Recommendations from College)
- _____ Signed Financial Aid Form
- _____ Student & Parents/Guardian Tax Forms
- _____ Current Transcript

STUDENT FINANCIAL NEED SUMMARY

(Include data of spouse)

I. STUDENT GENERAL INFORMATION

Source of income, if any: _____

Total income for latest full year: \$ _____

Amount of annual assistance received or expected to be received from parents or others: \$ _____

Did student (spouse) file an income tax return last year? _____ YES _____ NO

(If yes, please attach copies of your 2022 Income Tax form 1040 or 1040a, 1040 EZ and the "Schedule A & B" for itemizations if you used it).

Does student plan to reside in parent's household during 2023-2024 education year?
_____ YES _____ NO

II. STUDENT FINANCIAL SUMMARY

A. Estimated cost of 2023-2024 education year \$ _____

(Source of estimate) _____

B. Student Resources and Contributions

1. Savings & Assets
2. Earnings
3. Grants, Aids, Loans from
Education Institutions
4. Other
5. Family Contribution

TOTAL

C. Estimated Need (A minus B)

III. PARENTS INFORMATION

Father/Guardian _____ Age _____

Mother/Guardian _____ Age _____

Name and age of each person supported by parent or guardian:

Number of parents/guardian's dependents currently enrolled in a school beyond high school. (Do not include applicant.) _____

Did parents or guardian (including parents who live outside the home but provide financial support) file income tax returns last year? _____ YES _____ NO

If yes, please attach copies of their 2022 income tax forms 1040 or 1040a and the Schedule A & B for

itemization if used.

If you received financial aid from a parent or guardian who lives outside the home, or if there is other relevant financial information that will help the committee evaluate the student's need, please explain on an attached sheet.

IV. PERSONAL FINANCIAL STATEMENT

(Financial information will be regarded as confidential)

ASSETS (Market Value)	STUDENT (and SPOUSE)	PARENT/GUARDIAN
Cash	\$ _____	\$ _____
Checking & Savings Account	\$ _____	\$ _____
Investment Securities	\$ _____	\$ _____
Automobiles Owned	\$ _____	\$ _____
Household Furnishings	\$ _____	\$ _____
Other Personal Property	\$ _____	\$ _____
Collectible Accounts Due You	\$ _____	\$ _____
Real Estate (include home & list location)	\$ _____	\$ _____
Other Property Owned	\$ _____	\$ _____
Other Investments (describe)	_____	_____
Total Assets	\$ _____	\$ _____
Liabilities		
Home Mortgage Balance	\$ _____	\$ _____
Total Credit Card Balances	\$ _____	\$ _____
Automobile Loan Balance	\$ _____	\$ _____
Other Loan Balances (describe)	\$ _____	\$ _____
Total Liabilities	\$ _____	\$ _____
Total Net Worth	\$ _____	\$ _____

Excess of Assets over Liabilities

House Mortgage Monthly Payments	\$ _____	\$ _____
Credit Card Monthly Payments	\$ _____	\$ _____
Utility Monthly Payments	\$ _____	\$ _____
Other Monthly Payments (describe)	_____	_____
	_____	_____
	_____	_____
Total Amount of Monthly Payments	\$ _____	\$ _____

CERTIFICATION: The undersigned hereby affirm that all the financial data and all the personal data supplied with this scholarship application are true and accurate. We will provide additional information if requested.

Student _____ **Date** _____

Parents/Guardian _____ **Date** _____

**RECOMMENDATION FORM
IDA TILSON SCHOLARSHIP FUND
2023-2024**

_____ (Student's Name) is applying for an Ida Tilson Scholarship and asks that you submit a recommendation on his/her behalf. Under current law an applicant may have access to his/her application file with its recommendations unless he/she waives that right to access as indicated below. Most applicants sign the waiver so that their recommenders can submit confidential references. We would appreciate your submitting your recommendation on this form or including this form with your letter of recommendation. Please return your recommendation and this form to:

**TILSON SCHOLARSHIP FUND
FIRST BAPTIST CHURCH
501 WEST FIFTH STREET
WINSTON SALEM, NORTH CAROLINA 27101 or email scholarship@fbcw-s.org**

By Noon, April 14, 2023

WAIVER

I agree that the committee administering the Ida Tilson Fund shall hold the recommendation I am requesting in confidence, and I hereby waive any rights I may have to examine it.

Applicant's Signature _____

Date _____

(The applicant is not required to sign this waiver, but the waiving of access may add to the credibility of the recommendation).

(Use this space and reverse for recommendation.)

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IDA TILSON SCHOLARSHIP FUND
2023-2024**

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