



# FIRST BAPTIST ON FIFTH

501 West Fifth Street  
Winston Salem, NC 27101

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[www.firstonfifth.org](http://www.firstonfifth.org)  
[scholarship@firstonfifth.org](mailto:scholarship@firstonfifth.org)

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## 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 **2024-2025** 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@firstonfifth.org](mailto:scholarship@firstonfifth.org), by 12:00 noon, Friday, **May 17, 2024**.

Awards will be announced before July 1, 2024.

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  
2024-2025**

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@firstonfifth.org](mailto:scholarship@firstonfifth.org), by 12:00 noon, Friday, **May 17, 2024** to be eligible for funds in the 2024-2025 academic year.

**Name of Applicant**

\_\_\_\_\_

**Last**

**First**

**Middle**

**Address**

\_\_\_\_\_

(City)

(State)

**County**

**Phone**

**E-Mail address**

**Parent/ Guardian's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Parent/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@firstonfifth.org](mailto:scholarship@firstonfifth.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?

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

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To what educational institutions have you applied and by which have you been accepted for 2024-2025?

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

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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/expected to be received from parents/others:\$\_\_\_\_\_

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

(If yes, please attach copies of your 2023 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 2024-2025 education year?

\_\_ YES \_\_ NO

## II. STUDENT FINANCIAL SUMMARY

A. Estimated cost of 2024-2025 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

Parent/Guardian \_\_\_\_\_ Age \_\_\_\_\_

Parent/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 2023 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)

<b>ASSETS (Market Value)</b>	<b>STUDENT (and SPOUSE)</b>	<b>PARENT/GUARDIAN</b>
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)	\$ _____	\$ _____
<b>Total Assets</b>	\$ _____	\$ _____
<b>Liabilities</b>		
Home Mortgage Balance	\$ _____	\$ _____
Total Credit Card Balances	\$ _____	\$ _____
Automobile Loan Balance	\$ _____	\$ _____
Other Loan Balances (describe)	\$ _____	\$ _____
<b>Total Liabilities</b>	\$ _____	\$ _____
<b>Total Net Worth</b>	\$ _____	\$ _____

**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 affirms 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  
2024-2025**

\_\_\_\_\_ (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 you 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@firstonfifth.org By Noon, May 17, 2024**

**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).

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(Use this space and reverse for recommendation.)

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