



FIRST BAPTIST ON FIFTH

Tilson Scholarship

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 **2026-2027** 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, by 12:00 noon, **Friday, May 1, 2026**

Awards will be announced before July 1, 2026.

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, NC only.

**IDA TILSON SCHOLARSHIP FUND
STUDENT APPLICATION
2026-2027**

Please complete this application form. Supply each of your references with one of the enclosed recommendation forms after you have read them completely. Return your completed application to:

**Ida Tilson Scholarship Fund
% First Baptist Church
501 West Fifth Street
Winston Salem, NC 27101**

**Email to:
OR scholarship@firstonfifth.org**

To be eligible, forms must be turned in by noon on Friday, May 1, 2026

STUDENT GENERAL INFORMATION

Name of Applicant: _____
Last First Middle

Address: _____
Street

City State Zip Code

Phone #: _____

Email Address: _____

Highest Level of Education completed: _____
Date completed: _____

STUDENT FINANCIAL INFORMATION

*PLEASE INCLUDE a copy of your most recent school transcript (attach to this application)

Source of Income (if applicable) \$ _____

Total Income for latest full year: \$ _____

Amount of assistance received from family/others: \$ _____

Name of Institution of Higher Learning applicant will attend: _____

Student residence during the school year scholarship is designated for: (dorm, home, apartment, etc...)

A. Estimated cost of school year scholarship is designated for: \$ _____
(Source of estimate) _____

B. Student Resources and Contributions:

1. Savings & Assets:
2. Earnings:
3. Grants/Aids/Loans:
4. Family Contributions:
5. Other:

Estimated Need (A minus B): _____

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. The other should be from a person at the applicant's most recent educational institution. The applicant should give the two persons a recommendation form and ask them to send it directly to the address/email located on the form.

Name: _____

Name: _____

Address: _____

Address: _____

Connection to the Applicant:

Connection to the Applicant:

On an attached sheet, in 200 words or less, explain why you believe you should receive this scholarship. Be sure to include information about the educational institute you are/will be attending, the programs or course of study you are enrolled in and your career goals once you complete your studies. Be sure to mention any information about your religious involvement in the past/present. Be sure to include any information that will help confirm that this scholarship is meant for you.

Receipt of a grant from the **IDA TILSON SCHOLARSHIP FUND** is contingent on your acceptance by and continued enrollment in the institute specified on 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, the undersigned, understand the requirements of the **IDA TILSON SCHOLARSHIP FUND** and agree to abide by them.

Applicants Signature: _____ Date: _____

*IF APPLICANT IS UNDER THE AGE OF 18, PARENT/GUARDIAN MUST SIGN BELOW

Parent/Guardian Signature: _____ Date: _____

*For the First on Fifth Scholarship Committee purposes, please share how you learned of the **IDA TILSON SCHOLARSHIP** & any connection you have/had with First Baptist Church on Fifth Street.

**RECOMMENDATION FORM
IDA TILSON SCHOLARSHIP FUND**

_____ (applicant's name) is applying for the **IDA TILSON SCHOLARSHIP** and asks that you submit a recommendation letter on their behalf. Under current law an applicant may have access to their application file and its recommendations unless they waive that right to access as indicated below. Most applicants sign the waiver so that their recommenders can submit confidential references. Please return your recommendation and this form to:

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*Recommenders can use the bottom and back of this form to submit their letter of recommendation.

WAIVER

I agree that the committee administering the **IDA TILSON SCHOLARSHIP FUND** shall hold the recommendation I am requesting in confidence, and I hereby waive any rights I have to examine it.

Applicants 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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