

Higgins Classical Institute
c/o Faith Bible College International
29 Main Road
Charleston, ME 04422
Attn: Jeffrey Bell

SCHOLARSHIP APPLICATION

1. Name _____ Address _____

Telephone # _____

2. Parent's Names _____ Address _____

Telephone # _____

Father's occupation _____

Mother's occupation _____

3. School that you are planning to attend: _____

Address _____

Telephone # _____

When will you graduate? _____

What is your major? _____

What is your minor? _____

A copy of your last year's transcript must be attached to this application.
If you did not attend college last year please submit your high school transcript.

4. Expenses for one year:

A. Tuition _____

B. Room & Board _____

C. Books _____

D. Other _____

Total Expenses (add A - D) _____

5. Your total income for 20____ \$ _____

Will you be employed while attending school? _____

6. Have you been granted other scholarships and awards? _____

If yes, please list the total amount of awards _____

I CERTIFY THAT THE ABOVE FACTS GIVEN BY ME ARE TRUE:

Signed: _____

Date: _____

Applications are due by April **15**
The request for scholarship to be paid must come from the school attended at the beginning of the second semester.