

SALEM MISSIONARY BAPTIST CHURCH

305 East 21st Street, Brooklyn, New York 11226

Dr. James A. Thornton, Pastor

THOMAS J. BOYD SCHOLARSHIP APPLICATION

Freshmen _____
Sophomore _____
Junior _____
Senior _____
Graduate School _____

Date: _____

Please follow instructions, print clearly, and complete all the information.

Personal Data:

Name _____

Address _____ / _____

City _____ State _____ Zip Code _____

Home Telephone Number _____

Cell Phone Number _____

E-Mail Address _____

Church Data:

When did you become a member of Salem? _____ / _____ / _____

Please list all church ministries, activities, etc., in which you are an active member. **Have advisor complete and sign the verification form(s). (Please submit with application.)**

Educational Background:

The name and location of accredited institution of higher learning to which you applied have been accepted and will attend in the fall of 2025. .

What is your GPA? _____ (Please provide an official copy of your High School, College or Graduate school transcript with application)

List the organizations and extra-curricular activities that you were a part of in high school or college and/or community. **(Have the advisor complete and sign the verification form(s). (Please submit with application.)**

Proposed Career _____

Expected year of graduation from college or graduate school _____

I hereby certify that the information provided in this application is true and correct.

Signature of Applicant /Date

Rev. James A. Thornton, Pastor

