



## Sibling Scholarship

This document is to certify that, as a student at CoBeAc Baptist Bible Institute, I am **currently eligible** for the "Sibling Scholarship." This scholarship is awarded to single, **dependent** students between the ages of 17 and 25. Qualification is based on the student having a sibling from the same family attend CoBeAc Baptist Bible Institute during the same school year. This scholarship is pro-rated on the basis of need and has a maximum benefit of \$250 per semester and will be applied at the end of each semester. Students must be full-time, dormitory students. I also understand that to be eligible for this scholarship **I must maintain a 2.0 grade point average** each semester. I also realize I can only be eligible for one scholarship per year.

\_\_\_\_\_  
Student's Name (Please print)

\_\_\_\_\_  
Student's Birthday

\_\_\_\_\_  
Age

\_\_\_\_\_  
Sibling's Name

By signing this document I am attesting to the fact that the information provided herein is accurate and correct to the best of my knowledge.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed By

\_\_\_\_\_  
Date