

DOROTHEA VAN DEUSEN OPDYKE SCHOLARSHIP FUND
APPLICATION

Academic School Year _____ Date _____

Name of Student _____ Student ID # _____

Classification of Student: () Freshman () Sophomore () Junior () Senior

School Address _____

Permanent Address _____

Are you a member of a Southern Baptist church? _____yes _____no

Name/ City/ State of church _____

Are you a native of a mountain area? _____yes _____no

Name of mountain range _____

(example: Appalachian, Blue Ridge, Black Mountains)

Date of birth _____ Marital Status: _____ No. of dependents: _____

What was the total family income during the past twelve months? _____

What is your total anticipated family income for the year? _____

Assistance from other financial aid sources \$ _____

Please return the completed application to Bluefield Central at bccentral@bluefield.edu.

If selected as a scholarship recipient further documentation may be requested and your signature will be required.