



Scholarship Application Deadline: Thursday, April 24, 2025, 4PM Scholarships For Bates Members Only

DR. F. BRUCE WILLIAMS SCHOLARSHIP FOR CONTINUED EDUCATION APPLICATION Post-Secondary Students Only

Applicants are encouraged to attend the Scholarship Informational Session scheduled for Saturday, February 8, 2025 at 11 AM at the Bates Youth Building (728 E. Lampton Street). This session will provide guidance on completing the Bates scholarship applications.

Scholarship Description

Named after Pastor Dr. F. Bruce Williams as a reflection of his passion for education, this scholarship is academically-based, and positioned so that individuals continuing their education can gain encouragement towards pursuing their academic goals. Minimum required cumulative GPA is 2.50.

Application Instructions

Carefully review the instructions below:

A Complete Dr. F. Bruce Williams Scholarship Application Packet MUST Contain:

- ☐ Completed and Signed Dr. F. Bruce Williams Scholarship Application Form
- ☐ Completed Checklist for the desired scholarship
- ☐ Typed Essay
- ☐ OFFICIAL Transcript
- ☐ One Recommendation Letter
- ☐ Current digital color photo with black and/or white attire
- ☐ Proof of Enrollment in a Post-Secondary Institution

Transcripts:

Official transcripts are to be sent in a secure email by the school's registrar office or through a third-party electronic credentials service (e.g. Parchment) to scholarshipministry@batesmemorial.com. If official transcripts cannot be emailed, official sealed transcripts must be mailed by the school's registrar office or a third-party electronic credentials service to:

Bates Memorial Baptist Church
ATTN: Director of Christian Education
620 Lampton Street
Louisville, KY 40203

Recommendation Letter:

One non-family recommendation letter is required to complete your application. The recommender should be an employer, community/public service organization leader, ministry leader, education professional (teachers, counselors, principals, etc.), mentor, or coach. A letter written on letterhead is preferred. The recommendation letter should include the following information:

- ☐ Description of the recommender's relationship with the applicant
- ☐ Description of the applicant's abilities, qualities, and characteristics
- ☐ Description of the applicant's accomplishments or achievements
- ☐ Summary or why the recommender is making a recommendation on behalf of the applicant

The recommendation letter must be emailed directly from the recommender's email address to the Director of Christian Education at scholarshipministry@batesmemorial.com. Please include, "RE: Bates Scholarship Recommendation" in the subject line of the email. If applying for multiple scholarships, the same recommendation letters can be used for all submitted applications. It is not necessary to have different recommendation letters submitted for each scholarship.

Application Submission:

All Scholarship Application information is to be submitted electronically. Please contact the Bates Director of Christian Education at scholarshipministry@batesmemorial.com if you need to submit a complete packet in an alternate way. All required documents for The Bates Scholarship packets **MUST BE RECEIVED VIA EMAIL** (or in the Administrative Office at Bates Memorial Baptist Church, 620 Lampton Street) **NO LATER THAN THURSDAY, APRIL 24, 2025 at 4PM.**

NOTE:

- ☒ You must be a member of Bates Memorial Baptist Church to apply for any scholarship
- ☒ Incomplete applications will not be considered for any scholarship
- ☒ Finalists may be asked to meet briefly with the Scholarship Committee
- ☒ Applicants can apply for all applicable scholarships, but will **ONLY** be awarded **ONE** scholarship
- ☒ Please make sure you have reviewed and verified the applicable Scholarship Checklist for this submission and you have attached your essay and proof current enrollment in a post-secondary institution with this application before you click SUBMIT
- ☒ **Applicants are strongly encouraged to attend the Bates Marks of Excellence Ceremony on Saturday, June 28, 2025 during 11 a.m. worship service.**
- ☒ **If awarded a scholarship, you must provide proof of enrollment to a post-secondary institution for Fall 2025 and the address of the institution's financial aid office. This information must be submitted to the Director of Christian Education by August 31, 2025. Failure to provide this information by August 31, 2025 will result in forfeiture of the award.**

Save & Return

Use an account to return to saved work.

Log in

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Full Name: *

Date of Birth *

mm-dd-yyyy



Permanent Home Address *

City *

State *

Zip Code *

Home Phone Number

Mobile Phone Number *

Primary Email Address: *

Name of Post-Secondary Institute You Currently Attend (please respond N/A if not applicable) *

Classification Level 2024-2025 *

Cumulative G.P.A. *

Name of Institution You Plan to Attend for the 2025-2026 Academic Year *

Please list your community service and/or extracurricular activities (including Bates ministries) over the last 4 years, along with positions, time of involvement, and responsibilities. Maximum 5 entries.

Affiliate Club/Organization #1 *

Please complete all fields	
Organization Name:	<input type="text"/>
Position(s):	<input type="text"/>
Start/End Dates: (month/year - month/year)	<input type="text"/>
Responsibilities/Description:	<input type="text"/>

Affiliate Club/Organizations #2 (if applicable)

Please complete all fields	
Organization Name:	<input type="text"/>
Position(s):	<input type="text"/>
Start/End Dates: (month/year - month/year)	<input type="text"/>
Responsibilities/Description:	<input type="text"/>

Affiliate Club/Organization #3 (if applicable)

Please complete all fields	
Organization Name:	<input type="text"/>
Position(s):	<input type="text"/>
Start/End Dates: (month/year - month/year)	<input type="text"/>
Responsibilities/Description:	<input type="text"/>

Affiliate Club/Organization #4 (if applicable)

Please complete all fields

Organization Name:

Position(s):

Start/End Dates:
(month/year - month/year)

Responsibilities/Description:

Affiliate Club/Organization #5 (if applicable)

Please complete all fields

Organization Name:

Position(s):

Start/End Dates:
(month/year - month/year)

Responsibilities/Description:



Dr. F. Bruce Williams Scholarship

“Brothers and sisters, I do not consider myself yet to have taken hold of it. But one thing I do: Forgetting what is behind and straining toward what is ahead, I press on toward the goal to win the prize for which God has called me heavenward in Christ Jesus. (Philippians 3:13-14) NIV

Complete an essay (600 - 750 words) on the following:

Describe your background and life experiences to include any challenges or successes. Explain how these experiences prompted you to pursue a higher education. How has your education contributed to who you are today?

Incorporate the Bible verse Philippians 3:13-14 in your response.

*

Choose File No file chosen

Attach current proof of enrollment in a post-secondary institution. *

Choose File No file chosen

Attach a current color photo of yourself with black and/or white attire. *

Choose File No file chosen

COMPLETE THE FOLLOWING CHECKLIST *

- You are a member of Bates Memorial Baptist Church
- All required fields are complete and correct on pages 2-3 of this online application
- A current OFFICIAL transcript is emailed directly from your school's registrar office or a third-party electronic credentials service (e.g. Parchment) to scholarshipministry@batesmemorial.com on or before the application deadline
- Official proof of current enrollment in a post-secondary institution
- You have a minimum cumulative GPA of 2.5
- One typed recommendation letter (meeting the criteria on page 1 of this online application) is emailed directly from the recommender to scholarshipministry@batesmemorial.com on or before the application deadline
- Your essay (600 - 750 words) is attached to this application
- Your photo is attached to this application

The Bates Scholarship Application(s) Deadline is Thursday, April 24, 2025, at 4PM

*Please be sure to attach your essay and current proof enrollment in a post-secondary institution to this application before you **SUBMIT**.*

*Recommendation letter must be emailed directly from the individual or business/organization email address to the Director of Christian Education at scholarshipministry@batesmemorial.com **NO LATER THAN 4PM ON APRIL 24, 2025.***

*Official sealed transcripts must be emailed directly from your school's administrative office or a third-party electronic credentials service to the Director of Christian Education at scholarshipministry@batesmemorial.com **NO LATER THAN 4PM ON APRIL 24, 2025.***

Certification/Release Information:

I certify that all information provided on this form is accurate and complete to the best of my knowledge. I grant permission for information regarding my grades, enrollment status, employment status, volunteer service, etc. to be released to the Bates Memorial Scholarship Selection Committee. My signature below indicates authorization of release of grades, employment status, volunteer service, etc. to the Bates Memorial Scholarship Selection Committee. *

[clear](#)

COMPLETE APPLICATION PACKETS ARE TO BE SUBMITTED ELECTRONICALLY BY THE DEADLINE. PLEASE CONTACT THE DIRECTOR OF CHRISTIAN EDUCATION AT scholarshipministry@batesmemorial.com IF YOU HAVE ANY QUESTIONS OR NEED ADDITIONAL ASSISTANCE.