

Southern Baptist Church Educational Scholarship Fund Application

(PLEASE PRINT)

Name _____

Permanent Address _____

Email Address _____

Telephone Number Cell _____ Home _____

Social Security Number ____/____/____

Male Female

Church # _____

Date of Birth _____

Marital Status _____

Are you a U.S. Citizen _____

Name of Parent or Guardian _____

Participation in some phase of church work in the past 3 years is required (check all that apply)

Youth Day Activities Usher Board

Media Ministry Hospitality Ministry

Vacation Bible School Music Ministry

Other (please specify)

High School _____

Year in college Freshman Sophomore Junior Senior

I plan to attend as a full time student (12 or more credits)

Fall / Year _____ Spring / Year _____

On Campus Living Yes No

Name of Institution _____ State _____ Periods of Attendance _____

Do you plan to apply for Federal Financial Aid or school loan Yes No

Entrance Examination Score _____

Applicants Signature _____

Date _____