

Detach this page and return to the Financial Aid Office

The Harrodsburg Baptist Foundation Scholarship Application

Name _____ Social Security Number _____
Last First Middle

School Address _____
Street City State Zip Code

Permanent Home _____
Street City State Zip Code

Student's Email Address _____

Phone (area code) () _____ Full-time Student (circle) yes no

Married (circle) yes no Number of Dependents _____

Church Member yes no Denomination _____

Where Church Member _____ Y/N Y/N
Church Name Address Member SBC CBF

School Attending _____ Year/Standing in School _____

Expected Graduation date _____ Degree(s) Held _____

Degree Seeking _____

Vocational Objectives: (if more than one, rank order with 1=highest)

Ministerial	Other (Explain)	Comments
_____ Pastor _____ Missionary _____		
_____ Music _____ Other _____		
_____ Youth _____		

List most recent (max of 3) paid church-related positions held:

Date	Title	Name of Church	City/Town, State
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Reasons for seeking this scholarship _____

I certify the information provided on this application is true and complete. In the future, should I be receiving support from this scholarship and my circumstances change so as to possibly affect my eligibility for the funds, I will notify representatives of my Financial Aid office immediately for determination of my continuation. I have read and accept the Guidelines and Requirements of this Scholarship.

Full Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Return Application to: Financial Aid Office
(SBTS/Boyce students also required to complete Financial Aid application)

Application and Requirement information can be found:
www.harrodsburgbaptist.org/Ministries/Foundation

Questions can be directed to your Financial Aid Office or the following email address: hbf1954@harrodsburgbaptistfoundation.org