

APPLICATION FOR GRACE FELLOWSHIP SCHOLARSHIP

For Academic Year 20__ - 20__

(Applications must be in the Arkansas Baptist Foundation Office by April 1st.)

Please note that this scholarship is to be awarded to a student who has been *orphaned or abandoned and neglected*. Do you qualify? ()Yes ()No

1. Name _____ Date _____

2. Address While In School _____
Phone Number _____ Email _____

3. Permanent Address _____

4. Name Of School _____ Location _____

5. Are You A Full-Time Degree Candidate ()Yes ()No
If so, what degree? _____

6. Are you a member of an Arkansas Southern Baptist Church? ()Yes ()No
If so, how long have you been a member? _____

7. Name of church where you are a member _____

8. Pastor's Name _____
Pastor's Address _____

9. Number of Dependents (if any) ____ Relationship _____

10. List all educational institutions attended (include your current school):

<u>INSTITUTION</u>	<u>LOCATION</u>	<u>YRS ATTENDED</u>	<u>G.P.A.</u>	<u>DEGREE</u>

11. List campus groups or activities in which you are active _____

12. List below the names and addresses of two (2) friends or relatives who normally would know your address through the next ten (10) years.

(1) _____
 Name Address

(2) _____
 Name Address

13. Are you preparing for a full-time church related vocation or for an appointment with either the International Mission Board or North American Mission Board of the Southern Baptist Convention?
 ()Yes ()No. If so, type of ministry _____

14. Give the following information in detail:

A. Previous awards from this scholarship fund \$ _____
 B. Amounts now owed to:
 1. Loan Funds \$ _____
 2. Banks..... \$ _____
 3. Individuals \$ _____
 C. Other Financial Obligations \$ _____
 Total Amount of Indebtedness \$ _____

15. What are the conditions of payment of obligations listed under (B) and (C) above? _____

16. Estimated Expenses for		Sources of Income for	
Current School Year:		Current School Year:	
A. Tuition & School Fees	\$ _____	A. Assistance From Parents	
B. Books	\$ _____	or Friends () Gifts ()Loans	\$ _____
C. Room & Board	\$ _____	B. Personal Funds on Hand	\$ _____
D. Clothing & Laundry	\$ _____	C. Earnings Anticipated	
E. Personal Incidentals	\$ _____	During School Year	\$ _____
F. Support of Others	\$ _____	D. Other Scholarships	\$ _____
G. Benevolences	\$ _____		
H. Other	\$ _____		
TOTAL EXPENSES	\$ _____	TOTAL INCOME	\$ _____

17. List below the names and addresses of two persons as references (no relatives) such as employer, counselor, teacher, church staff person, etc. Note: Please give your references the *Applicant Reference Form* to complete.

(1) _____
Name Address

(2) _____
Name Address

Note: Application should be mailed to: **ARKANSAS BAPTIST FOUNDATION, 10117 Kanis Road, Little Rock, Arkansas 72205.**