

Social Security # \_\_\_\_\_

CONFIDENTIAL

## APPLICATION FOR MEDICAL MISSIONS SCHOLARSHIP

For Academic Year 20\_\_ - 20\_\_

1. Full Name \_\_\_\_\_ Date \_\_\_\_\_
2. Address While In School \_\_\_\_\_  
Phone # \_\_\_\_\_ Email Address \_\_\_\_\_
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 or have you been a member of an Arkansas Southern Baptist Church? ( )Yes ( )No.  
If so, how long? \_\_\_\_\_ Name of Church/Location \_\_\_\_\_
7. Name of church where you are a member \_\_\_\_\_
8. Pastor's Name \_\_\_\_\_  
Pastor's Address \_\_\_\_\_  
(Note: If you are currently pastoring, use the DOM for your association).
9. Number of Dependents (if any) \_\_\_\_\_ Relationship \_\_\_\_\_
10. List all educational institutions attended (include your current school):

INSTITUTION

LOCATION

YRS ATTENDED

G.P.A.

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11. List campus groups or activities in which you participate \_\_\_\_\_  
\_\_\_\_\_

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 an appointment as a medical missionary with either the International or North American Mission Board of the Southern Baptist Convention? ( ) Yes ( ) No

Have you made a public commitment of your call to medical missions? ( ) Yes ( ) No

If so, when \_\_\_\_\_ Name of Church \_\_\_\_\_

Have you contacted either mission board to explore the possibility of an appointment?

Who was your contact? \_\_\_\_\_

What was the result of your contact? \_\_\_\_\_

14. Previous awards from this scholarship fund \$ \_\_\_\_\_

15. 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

Applications should be received by **ARKANSAS BAPTIST FOUNDATION, 10117 Kanis Road, Little Rock, AR 72205** no later than **March 1**.