



**SCHOLARSHIP APPLICATION FORM
GEORGIA BAPTIST FOUNDATION, INC.
DESIGNATED/UNDESIGNATED FUNDS**

Name _____ Date _____

Home Address _____

Street or Route City County Zip

Social Security # _____ Telephone # _____

Date of Birth _____ Marital Status _____ Number of Dependents _____

Name and address of your church _____

Preparing for what type career _____

Name of College _____ Date Entered _____

____ Freshman ____ Sophomore ____ Junior ____ Senior _____ Anticipated Date of Graduation

How many semester or quarter hours do you anticipate earning each term _____

Will you be classified as a full-time student yes no What is your SAT (or ACT) score

_____ Grade Point Average (GPA) _____ Have you applied for Federal Financial Aid

yes no Are you receiving financial aid from any other source yes no

If so, list how much and from what source(s) _____

This Section For Use By the Financial Aid Office

Cost of Education _____

Less Financial Aid _____

Less Expected Family Contribution _____

Financial Need _____

Is student making satisfactory academic progress at Brewton-Parker College yes no
(Name of Institution)

Approval Date _____ Amount Awarded _____ Student Notified yes no

Name of Scholarship Fund _____

Signature of Financial Aid Officer

I release this information for use by the financial aid office and the Georgia Baptist Foundation for the sole purpose of determining eligibility for financial aid.

(Parent's Signature)

(Date)

(Student's Signature)

(Date)

The Georgia Baptist Foundation holds funds in trust and pays out the interest (income) to whatever Baptist cause is specified by the donor. Scholarships generated by such gifts are available through the Foundation on a limited basis. Through this application you are being given the opportunity to apply for one of these scholarships. If you are chosen as a recipient, the financial aid office will notify you.