



**APPLICATION FOR GEORGIA BAPTIST CONVENTION  
ASSOCIATIONAL SCHOLARSHIP 2009-2010**

*(Complete this application for Scholarship and return it to the Financial Aid Office)*

Name \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name of Church \_\_\_\_\_ of \_\_\_\_\_ Association

Church Address \_\_\_\_\_

*\*You must be a member of a cooperating Georgia Baptist church.*

**PERSONAL INFORMATION**

Date of Birth \_\_\_\_\_ Name of Parents or Guardian \_\_\_\_\_

Address of Parents or Guardian \_\_\_\_\_  
\_\_\_\_\_

**AGREEMENT**

**I am applying for a scholarship from Brewton-Parker College. If I am granted this scholarship, I agree the funds are subject to the conditions set forth by the school.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**ASSOCIATIONAL STATEMENT**

**I verify that the applicant is an active member or participant in my Association.**

\_\_\_\_\_  
Signature of Associational Director

\_\_\_\_\_  
Date