

SCHOLARSHIP APPLICATION

Name of Scholarship(s) : _____

I. PERSONAL INFORMATION

Name _____

Address (including zip) _____

Date of Birth _____ Martial Status _____ Home Phone () _____

Are you a Christian? _____ How long? _____

Denomination ? _____ Do you feel called to full-time Christian Service ? _____

If so, what ? _____

Parent's Name _____

Parent's Address (including zip) _____



II. EDUCATIONAL INFORMATION

College/Seminary you will be attending

School Registrar's Address (including zip) _____

Expected Classification beginning of Fall Semester:

Freshman _____ Sophomore _____ Junior _____ Senior _____

Seminary degree / year _____

Name of High School graduated from _____

Address of High School (including zip) _____

Year Graduated _____ Scholastic Standing / GPA _____

III. FINANCIAL INFORMATION

Occupation _____ Income _____

Spouse's
Occupation _____ Income _____

Are your parents financially assisting you in going to school ? _____

Do you plan to seek employment as a student ? _____

Father's Occupation _____ Income _____

Mother's Occupation _____ Income _____

Any additional information _____

IV. TESTIMONY OF YOUR SALVATION EXPERIENCE

(use additional page, if necessary)

V. INVOLVEMENT IN ACTIVITIES

Church _____

School _____

Community _____

Hobbies / Interests _____

VI. TYPE OF WORK YOU PLAN TO DO UPON EDUCATION COMPLETION

(Use additional page if needed)

VII. REFERENCES *(no relatives, please)*

Note: Following references to be Church, School, & Community related

Church _____ Name _____

Address (including zip) _____

Phone # () _____

School _____ Name _____

Address (including zip) _____

Phone # () _____

Community _____ Name _____

Address (including zip) _____

Phone # () _____

VIII. ADDITIONAL INFORMATION

Church Membership _____

of Children for whom parents pay tuition _____ Other scholarships applied for ? _____ Yes / No

If so, where ? _____

Which have you received currently ?

Which have you received in the past ?

All information requested is considered privileged and is regarded as such by the Foundation. Your application **must** include your **most recent transcript** (High School or College), **3 letters of recommendation**. All information required must be postmarked by the deadline date. Application must be submitted **annually**.

Should you have questions, please call. Send application with the above mentioned to:



New Mexico Baptist Foundation

Post Office Box 16560

Albuquerque, NM 87191-6560

505-332-3777 or 877-841-3777