

Twin Rivers Baptist Association SBC College / University Scholarship Application

Student's Name _____

Address _____

Phone _____ Email _____

Home Church _____ Pastor _____

How long a member of this church _____

School Graduating From _____ Date _____

School Attending _____ Have you been excepted _____

GPA Cumulative _____ Rank in High School _____

School Activities _____

Church Activities _____

Signature _____ Pastors Signature _____

Address to mail check and any specific instruction needed to be sure it gets applied correctly

One scholarship of \$1,000.00 paid out at \$500.00 per semester made payable to the school.