

Scholarship Application

Williams Trace Baptist Church

This application is for any scholarship offered for activities of the Williams Trace Baptist Church. All applications will be reviewed by the Scholarship Subcommittee of the church's Personnel Committee with approval based on the information provided. Applicant is asked to pay any deposit that is due at registration.

Date _____

Applicant Information

Name of Person Needing Scholarship

Street Address

City/State/Zip

Mother's Name (if Applicant is a Child)

Father's Name (if Applicant is a Child)

Daytime Phone/Cell Phone

Daytime Phone/Cell Phone

Event Information

Event for Which Scholarship is Requested

Date(s) of Event

Amount of Scholarship Requested

Reason for Requesting Scholarship

Applicant (or Parent) Signature

Office Use Only

Application Received By

Date Received

Signature of Scholarship Committee Representative

Date Reviewed

_____ Approved _____ Not Approved/Reason:

Date Applicant Notified