



Smithfield Baptist Church
Educational Memorial Scholarship Application

Date of Application: _____

Name: _____
Last First Middle Gender

Social Security #: _____ **Date of Birth:** _____

Home Address: _____
Number and Street Apt. No.

_____ *City State Zip Code*

Telephone Number: (_____) _____
Area Code Number

Parents: _____

High School You Will Graduate From: _____

Graduation Date: _____ **Your GPA:** _____ **Rank:** _____ **in a class of** _____

List any honors you have received: _____

College You Plan to Attend: _____

Target Enrollment: ___ *Fall Semester* ___ *Spring Semester* ___ *Summer Semester*
___ *Full Time Student* ___ *Part-time Student*

Area of Study - Major: _____

Minor: _____

Are you a member of Smithfield Baptist Church or its Sunday School? ___ *Yes* ___ *No*

Do you consider yourself to be an active or inactive member? ___ *Active* ___ *Inactive*

Have you attended Church on a fairly regular basis during the last year? ___ *Yes* ___ *No*

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Briefly state why you feel you should be considered for this scholarship: _____

Signature: _____