



Smithfield Baptist Church
Mary K. Gale Music 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: _____