

First Baptist Church

King Scholarship

Application

Today's Date: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone # (where you can be reached): _____

Date you became member of First Baptist Church: _____

School you are currently enrolled in:

School Name: _____

Address: _____

City, State, Zip Code: _____

Have you completed one full semester: Yes: _____

No: _____