

American Baptist Churches of the Central Region Scholarship Application

Submit to: ABCCR Scholarship Task Force
5833 S.W. 29th St., Suite A, Topeka, Kansas 66614-5500
Deadline: March 15

1. Applicant's Full Name: _____

2. Name of parent or guardian: _____

3. Applicant's Complete Address: _____

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE

E-MAIL ADDRESS

4. Date of high school graduation: _____

5. Name of institution you will attend next fall: _____

6. In what ways do you think the education you are seeking will impact your life?

7. Tell us how your faith is important to you.

8. How do you anticipate spending the \$1000 should you receive this scholarship?

9. In addition to the church leader who is filling out your reference form, please list one additional personal reference below (with contact information as indicated).

Name: _____ Phone: _____ Email: _____

Mailing Address: _____

10. Any other comments you wish to share may be included below. (Do not attach additional pages.)