

**GRAVEL RUN BAPTISH CHURCH**

**2018 ELNORA STEWART PERRY SCHOLARSHIP APPLICATION**

**NOTE: 2018 Scholarship applicants must return application on or before December 16, 2018**  
(please print clearly)

Name: \_\_\_\_\_ Age \_\_\_\_\_ Male  Female

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ (check appropriate box) Living  Deceased

Father's Name: \_\_\_\_\_ (check appropriate box) Living  Deceased

Number of children in family: \_\_\_\_\_

Name of Church: Gravel Run Baptist Church

I am an active member of the following church organizations: \_\_\_\_\_

\_\_\_\_\_

I am a member of the following non-church organizations: \_\_\_\_\_

\_\_\_\_\_

High School Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

College/University Attending: \_\_\_\_\_

College/University Address: \_\_\_\_\_

Telephone Number of Admission Office: \_\_\_\_\_

Date Classes Began: \_\_\_\_\_

I am requesting to be considered for the 2018 ELNORA STEWART PERRY SCHOLARSHIP. If granted this scholarship, I promise to strive to be an asset to my church and to assist others especially when I have completed my education. The information above is correct to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pastor's Or Designee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_