



BAPTIST APPRECIATION SCHOLARSHIP

STUDENT INFORMATION: (Please Type or Print)

Name: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

SECTION I. I certify that I meet the following eligibility requirements for a BAPTIST APPRECIATION SCHOLARSHIP at Shorter University: (All requirements must be met to qualify. Please indicate compliance by placing your initials next to each):

_____ I am an active member of a Baptist church in the Georgia Baptist Convention.

_____ I will be enrolled at Shorter University on the main Rome campus in a traditional study program for the upcoming academic year.

_____ I have received a recommendation from my pastor/church leader.

SECTION II. I waive access to the completed form and the information thereon after it is submitted to Shorter University by my pastor/church leader.

Signature of Applicant: _____

Date

PASTOR/CHURCH LEADER INFORMATION (Please Type or Print):

Name: _____ Georgia Baptist Church Name: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Baptist Association Name That Church is affiliated with _____

_____ has my recommendation _____
(Student Name)

because: _____

Pastor/Church Leader Signature

Date

Please Return To:

Shorter University | Financial Aid Office

Shorter University | 315 Shorter Avenue | Rome, GA 30165

(706) 233-7227 / 800-868-6980 / Atlanta - (678) 260-3536 - Fax: (706) 233-7314

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