



BAPTIST APPRECIATION SCHOLARSHIP APPLICATION

STUDENT INFORMATION: (Please Type or Print)

Name: _____ Student ID #: _____

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 enrolling at Shorter University on the main Rome campus in a traditional study program for the upcoming academic year.

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 That Church is affiliated with _____

_____ has my recommendation
(Student's Name)

because: _____

PLEASE RETURN THIS FORM IN ITS ENTIRETY TO:

Shorter University | Financial Aid Office

Shorter University | 315 Shorter Avenue | Rome, GA 30165

(706) 233-7227 (o) (706) 233-7314 (fax)

www.shorter.edu

financialaid@shorter.edu