



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 affiliated with the Georgia Baptist Mission Board.

_____ 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 / 800-868-6980 / Fax: (706) 233-7314
<http://shorter.edu> • financialaid@shorter.edu