



## Georgia Baptist Convention Church Employee Dependent 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 GBC Employee Dependent Scholarship: (All requirements must be met to qualify. Please indicate compliance by placing your initials next to each):

\_\_\_\_\_ I am a dependent of a **full-time** employee (40 hours per week or more; bi-vocational employment does not qualify) of a Baptist church in the Georgia Baptist Convention or a dependent of a GBC full-time employee.

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

**Signature of Applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_

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### GBC/GBC-AFFILIATED CHURCH FULL-TIME EMPLOYEE INFORMATION (Please Type or Print):

Name: \_\_\_\_\_

Georgia Baptist Church Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Baptist Association Name That Church is affiliated with \_\_\_\_\_

\_\_\_\_\_  
(Dependent Student Name)

\_\_\_\_\_  
GBC/GBC Affiliated Church Employee Signature

\_\_\_\_\_  
Date

**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://su.shorter.edu> • [financialaid@shorter.edu](mailto:financialaid@shorter.edu)