



Missionary Dependent Scholarship Application

Please type or print application and attach a resume

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Intended Major at Shorter University: _____

Most Recent High School or College Attended: _____

Please describe your experience(s) as a dependent of a missionary family: _____

Please list any community service or church activities with which you are currently involved:

Please submit to the Office of Admissions by April 3, 2017 to:

The Office of Admissions
315 Shorter Avenue
Rome, Georgia 30165

If you have questions, you can contact the Office of Admissions – 706-233-7319 or admissions@shorter.edu