

# GEORGIA BAPTIST FOUNDATION EMPLOYEE SCHOLARSHIP

For full time college-level, undergraduate students who are employees or dependents of employees of the Executive Committee of the Georgia Baptist Mission Board

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## STUDENT INFORMATION:

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT ID # (if known) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
Street or Route City ZIP

MAILING ADDRESS FOR CHECKS (at school):

\_\_\_\_\_  
Street or Route City ZIP

EMAIL ADDRESS \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MARRIED? \_\_\_\_\_ NO. OF DEPENDENTS: \_\_\_\_\_

Name and location of your church: \_\_\_\_\_

Preparing for what type career? \_\_\_\_\_

Name of college you will attend: \_\_\_\_\_

Will you be a \_\_\_ Freshman? \_\_\_ Sophomore? \_\_\_ Junior? \_\_\_ Senior?

How many semester or quarter hours do you anticipate earning each term? \_\_\_\_\_

Will you be classified as a full-time student? \_\_\_\_\_

Did you maintain an academic record described as "satisfactory progress" by the college or school you last attended?

\_\_\_\_\_

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Name of Georgia Baptist Mission Board Employee: \_\_\_\_\_

Division or Department: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**If application is for a dependent, please sign the following statement:**

I certify \_\_\_\_\_ is my dependent as defined in the Internal Revenue Code. I claimed him/her on my 20\_\_\_\_ income tax return and will again claim him/her in 20\_\_\_\_.

**Signature of Employee:** \_\_\_\_\_

**RETURN TO:**

**scholarships@gbfoundation.org**

If your application is approved, the Foundation must receive verification of enrollment EACH term (semester or quarter) before checks can be processed. NO CHECK WILL BE ISSUED UNTIL REQUIRED DOCUMENTATION IS RECEIVED. Checks are issued for one-third or one-half of the total amount of the scholarship each term, payable directly to the school. Please allow two weeks for processing of checks.



Georgia Baptist  
Foundation