

# 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 Convention

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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 have you chosen? \_\_\_\_\_

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:

Candy Cannon  
Georgia Baptist Foundation, Inc.  
6405 Sugarloaf Parkway  
Duluth, GA 30097  
ccannon@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.

