



Smithfield Baptist Church
Educational Memorial Scholarship Application

Date of Application: _____

Name: _____
 Last First Middle Gender

Social Security # _____ Date of Birth _____

Home Address _____
 Number and Street Apt. No.

_____ City State Zip Code

Telephone Number _____

Parents _____

High School You Will Graduate From _____

Graduation Date _____

List any honors you have received _____

College You Plan to Attend _____

Target Enrollment _____ Fall _____ Spring _____ Summer
 _____ Full Time _____ Part-Time

Area of Study :Major _____
 Minor _____

Are you a member of Smithfield Baptist Church or its Sunday School? ___ Yes ___ No

Do you consider yourself to be an active or inactive member? ___ Active ___ Inactive

Have you attended Church on a fairly regular basis during the last year? ___ Yes ___ No

