



# Smithfield Baptist Church

Mary K. Gale & Burt Riley  
Music 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: (\_\_\_\_) \_\_\_\_\_  
*Area Code Number*

Parents: \_\_\_\_\_

High School You Will Graduate From: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Your GPA: \_\_\_\_\_ Rank: \_\_\_\_\_ in a class of \_\_\_\_\_

List any honors you have received: \_\_\_\_\_

College You Plan to Attend: \_\_\_\_\_

Target Enrollment: \_\_\_\_\_ Fall Semester \_\_\_\_\_ Spring Semester \_\_\_\_\_ Summer Semester

\_\_\_\_\_ Full-Time Student \_\_\_\_\_ Part-Time Student

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

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Briefly state why you feel you should be considered for this scholarship: \_\_\_\_\_

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Signature: \_\_\_\_\_