online that can be emailed or printed. Name:	Date:
Address:	
	Email:
Parent's Name:	
Eligibility - Check all that apply	
I am an active member of SMG	I am an active member of SMG Sunday School
My parent is an active member of SM	IGMy parent is an active member of SMG
I have been nominated by an active r	Sunday School member of SMG
I have been accepted to an institution	on of higher learning
I am currently enrolled in an institution	on of higher learning
Institution of Higher Learning:	
Business Office Address:	
Student's ID Number or Account Number:_	
Check the appropriate box IF the student iss	
Deadline for tuition payments for the term re	equested
Student's Current Overall GPA:	Put N/A if no grades yet.
Attach a copy of the most recent academic per the scholarship guidelines.	transcript/grade report and any other documents required
Amount of Scholarship Requested: \$	(may not exceed \$1000 per academic year)
This request is a:new request	standard renewaljust cause renewal

St. Mary's Grove Original Free Will Baptist Church (SMG) Scholarship Form

Prior to submitting this form for consideration, please ensure you have provided all information and documentation required per the scholarship guidelines.

Selection Committee Use Only:		
Approved	Recipient's Name	
Denied for the follo	wing reason	
Note: It is the responsibilities denied scholarship funds.	ty of the Scholarship Committ	ee Chair to notify applicants who have been
Signatures of Selection Co	ommittee Members:	
Deacon Board		Date
Gladys Adams Ladies Aux	ciliary	Date
Men's Brotherhood		Date
Youth		Date
Congregation at Large		Date
Scholarship Committee Cl	nair	Date
Paid from the Gene	ral Scholarship Fund	
Paid from the Jame	s & Geraldine Barbour Schola	urship Fund

Church Treasurer_____Date_____