

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

Date: _____

Name: _____

Address: _____

Phone: _____ 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 SMG

My parent is an active member of SMG Sunday School

I am currently enrolled in an institution of higher learning

I have been accepted to an institute of higher learning

Institute of Higher Learning: _____

Business Office Address: _____

Student's ID Number or Account Number: _____

Student's Current GPA: _____ Put N/A if no grades yet.

Attach copy of most recent grade report.

Amount of Scholarship Requested: \$ _____ (may not exceed \$1000 per school year)

This request is a: new request renewal request

Note: All funds will be paid directly to the institution of higher learning on the student's account.