



Alaska Baptist Foundation

2024-2025 Forrest and Sybillia Fuhr Memorial Scholarship

Please type or print

Last name: _____ First _____ MI _____ Student # (if available) _____

Resident address: _____

City _____ State _____ ZIP _____

E-mail address: _____

Mailing address (if different from residence): _____

City _____ State _____ ZIP _____

Home/cell phone: (_____) Work: (_____) DOB (mm/dd/yy): _____

Marital Status

Single _____ Married _____ Divorced _____

Name of spouse: _____ Is your spouse a student? Yes _____ No _____

Number of dependents (other than spouse): _____

Name of Institution you are, or will be, attending? _____

Mailing address: _____

City _____ State _____ ZIP _____

Phone number: (_____) _____

Are you currently enrolled in college, university or an approved Vocational Training Program (VTP)

Yes _____ No _____

If you are currently enrolled in college, university or VTP, is your cumulative GPA 2.5 or higher?

Yes _____ No _____

Documentation from the Institution is required with the application packet (i.e. an unofficial transcript)

***1750 O'Malley Road • Anchorage, AK 99507
(907)770-0581 • abf@abf.foundation
<https://abf.foundation/>***

Are you, your spouse or your parents employed at the Institution? If yes, do you receive additional benefits from this job above the salary? (i.e., reduced tuition, room and board costs, etc.) Yes No

Classification: FR (0-29 hrs) SO (30-59 hrs) JR (60-89 hrs) SR (90+ hrs) Other

What degree/training are you seeking?

What term will you begin?

Anticipated graduation date:

Have you completed a Federal Application for Student Aid (FAFSA) based on the 2023 tax year, and submitted it to your Institution's Financial Aid office? Yes No

Please attach a copy of your 2024-2025 Federal Student Aid Report (SAR)

How long have you been a resident of Alaska?

Please attach proof of residency such as Permanent Fund Dividend documentation, voter registration or Driver's License.

Are you a member in good standing of a local Southern Baptist "church"? ***Please attach "church" endorsement form.*** Yes No

Name of your church:

I, the applicant, certify that all the information reported on this Application and the Student Air Report (SAR) is correct to the best of my knowledge. I further understand and grant to the Alaska Baptist Foundation the freedom to verify and request any source documentation used in providing the information on the SAR.

Initials of Applicant: Initials of parent (if applicant is a dependent):

Signature:

Date: