



Alaska Baptist Foundation

Mack D. Parker 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): _____

Which Southern Baptist seminary will you be attending? _____

Mailing address: _____

City _____ State _____ ZIP _____

Phone number: (_____) _____

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: First year Second year Third year Other

If "other", provide a brief explanation (i.e., Doctorate of Ministry, or PhD study):

I am currently or seeking to be a pastor Yes No

I surrendered to God's call to the pastorate before the age of 25 Yes No

What term will you begin?

Anticipated graduation date:

I have completed a one-page testimony detailing the call of God on my life Yes No
Please include a copy of your one-page testimony with this application.

I have a letter of recommendation from the pastor of my local church and/or other appropriate leadership giving endorsement to my call to preach the Word of God Yes No
Please include a copy of the letter with this application.

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 understand the scholarship can be awarded over several years and for the duration of the scholarship I will comply with all requirements. I further testify that if my circumstances change so I am no longer in compliance with the terms of the scholarship, I will notify the Alaska Baptist Foundation (ABF) immediately. I understand that failure to do so may result in my financial responsibility to the ABF for any ill-gotten scholarship funding on my behalf.

Signature:

Date: