



2025-2026 Forrest and Sybillia Fuhr Memorial Scholarship

| Please type or p | orint | | | | | | | | | |
|-----------------------------|---------------|---------------|---------------|------------|--------|--------|---------------|-------------|---------------|---------|
| Last name: | | | First | | | MI | Student | # (if avail | able) | |
| Resident address | 5: | | | | | | | | | |
| City | | | | State | | | ZIP | | | |
| E-mail address: | | | | | | | | | | |
| Mailing address | (if diffe | rent from re | esidence): | | | | | | | |
| City | | | | State | | | ZIP | | | |
| Home/cell phone | e: (|) | Wo | ork: (|) | | Ι | DOB (mm | n/dd/yy): | |
| Marital Status | | | | | | | | | | |
| Single | Married | 1 | Divorced | | | | | | | |
| Name of spouse: | : | | | | Is you | ır spo | use a studen | t? | Yes | No |
| Number of depe | ndents (| other than s | pouse): | | | | | | | |
| Name of Institut | ion you | are, or will | be, attendin | g? | | | | | | |
| Mailing address: | | | | | | | | | | |
| City | | | | Stat | e | | ZIP | | | |
| Phone number: (| · · · · · |) | | | | | | | | |
| Are you currentl | y enrolle | ed in colleg | e, university | or an | approv | ved V | ocational Tra | aining Pro | ogram (VTP) |) |
| Yes | No | | | | | | | | | |
| If you are curren | tly enro | lled in colle | ege, universi | ty or V | TP, is | your | cumulative | GPA 2.5 c | or higher? | |
| Yes Documentation | No from th | o Institutio | n is roauira | d with | the an | nlica | tion nackot (| і о пи ни | official tran | scrint) |
| Documentation | ji oni ini | c monunil) | . 13 16941181 | i rvilli l | me up | fucu | | un un | | scripij |

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

| Are you, your sp | pouse or your parent | s employed at the Inst | itution? If yes, do yo | u receive a | additional b | enefits from |
|--------------------|--|---|------------------------|-------------|--------------|--------------|
| this job above th | ne salary? (i.e., reduc | ced 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/tra | ining are you seekin | g? | | | | |
| What term will | you begin? | | | | | |
| Anticipated grad | luation date: | | | | | |
| Have you compl | leted a Federal Appl | ication for Student Ai | d (FAFSA) based on | the 2025 ta | ax year, and | d submitted |
| 5 | tion's Financial Aid <i>copy of your 2025-2</i> | office? Yes 2026 Federal Student | No Aid Report (SAR) | | | |
| | 0 0 | of Alaska? ch as Permanent Fun | nd Dividend documer | ntation, vo | ter registra | tion or |
| 5 | ber in good standing e attach "church" e | Yes | No | | | |
| Name of your cl | nurch: | | | | | |
| correct to the be | st of my knowledge | formation reported or I further understand e documentation used | and grant to the Alasl | ka Baptist | Foundation | · · · · · |
| Initials of Applic | cant: | Initials of parent (if | applicant is a depende | ent): | | |

Initials of Applicant:

Signature:

Date: