

Alaska Baptist Foundation

Mack D. Parker Memorial Scholarship (2025-2026)

Please type or print

Last name:	First	MI	Student # (if available)		
Resident address:					
City	State		ZIP		
E-mail address:					
Mailing address (if different from resi	dence):				
City	State		ZIP		
Home/cell phone: ()	Work: ()	DOB (mm/dd/yy):		
Marital Status					
Single Married	Divorced				
Name of spouse:	Is	Is your spouse a student? Yes			
Number of dependents (other than spo	ouse):				
Which Southern Baptist seminary wil	you be attending?				
Mailing address:					
City	State		ZIP		
Phone number: ()					

Are you, your spous	se or your paren	ts employed at the Ins	titution? If yes	, do you	receive a	additional benefits from
this job above the sa	alary? (i.e., redu	ced tuition, room and	board costs, et	cc.)	Yes	No
Classification: If "other", provide a	First year brief explanation	Second year on (i.e., Doctorate of N	Third year Ministry, or Ph	Fourth D study)	2	Other
I am currently or see	eking to be in go	ospel ministry Specify are	a: example pastorate,	education, m	usic, etc.	
I received God's ca	all to ministry by	the age of 25 Yes		No		
What term will you	begin?					
Anticipated graduat	ion date:					
1	1 0	ony detailing the call on the call of the	-		Yes	No
giving endorsement	to my call to m	rom the pastor of my linistry: Yes with this application.	ocal church an No	nd/or othe	er approp	riate leadership
How long have you <i>Please attach proof Driver's License</i> .		of Alaska? ch as Permanent Fui	nd Dividend de	ocumento	ation, vo	ter registration or
Are you a member i "church"? <i>Please at</i>	-	of a local Southern B	saptist Y	es	No	
Name of your churc	h:					
comply with all requirements of the	uirements. I furt e scholarship, I	awarded over several her testify that if my c will notify the Alaska y financial responsibil	eircumstances of Baptist Foundation	change so ation (AF	o I am no BF) imm	longer in compliance ediately. I understand
Signature:						
Date:						