



Alaska Baptist Foundation

Mack D. Parker Memorial Scholarship (2026-2027)

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 Fourth year Other

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

I am currently or seeking to be in gospel ministry Specify area: example pastorate, education, music, etc.

I received God’s call to ministry by 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 ministry: 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”? Yes No
Please attach church endorsement form.

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: