



# *Alaska Baptist Foundation*

## **2019-2020 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)***

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 2018 tax year, and submitted it to your Institution's Financial Aid office?      Yes      No

***Please attach a copy of your 2019-2020 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: