



SEVENTH DAY BAPTIST CHURCH MEMORIAL FUND

Scholarship Application

MARGARET BOND ALLEN MEMORIAL SCHOLARSHIP

Date _____

Applicant Name _____

Home Address _____

Church Member _____

College or University _____

Address _____

Academic Year _____ Date Term Begins _____

Education Cost per Year: Tuition & Fees _____

Room & Board _____

Books _____

Scholarship Grant Request (date) _____

Major Field of Study _____ Minor _____

Church or Denominational Activities

- | | |
|---|---|
| <input type="checkbox"/> Choir | <input type="checkbox"/> SCSC number of years _____ |
| <input type="checkbox"/> Sabbath School Teacher | <input type="checkbox"/> Pre-Conference number of years _____ |
| <input type="checkbox"/> Church Officer | <input type="checkbox"/> General Conference number of years _____ |
| <input type="checkbox"/> Church Camp | |
| <input type="checkbox"/> Others _____ | |

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- The \$1,000.00 minimum Scholarship can be given at one time (\$1,000.00) or \$500.00 per semester at the discretion of the memorial Board.
 - If the college is not close to an SDB Church, the recipient should attend Bible preaching Church in the area.