

**TUCKER BAPTIST ASSOCIATION SCHOLARSHIP FUND**

**P.O. BOX 442**

**CAMILLA, GA 31730**

**Phone: (229) 336-7574 Fax: (229) 336-7854 E-Mail: chadboyd@tuckerbaptistassociation.com**

**APPLICATION FOR SCHOLARSHIP**

Applicant's full name: \_\_\_\_\_

Permanent address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Marital status: \_\_\_\_\_

Education background (Include high school and college, dates graduated, GPA, degree, honors):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, address, phone number of current education institution: \_\_\_\_\_  
\_\_\_\_\_

Field in which you plan to major:  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's college address:  
\_\_\_\_\_  
\_\_\_\_\_

List any other scholarships or financial aid you have received by year, name and amount:  
\_\_\_\_\_

List cost per semester/quarter of chosen college. (Include: tuition, books, room and board):  
\_\_\_\_\_

Additional information you want the scholarship committee to know:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Scholarship amount requested: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date