Scholarship Application

Sugar Land Baptist Church

This application is for any scholarship offered for activities of the Sugar Land Baptist Church. All applications will be reviewed by the Scholarship Subcommittee of the church's Personnel Committee with approval based on the information provided. Applicant is asked to pay any deposit that is due at registration.

Date _____

Applicant Information	
Name of Person Needing Scholarship	
Street Address	
City/State/Zip	
Mother's Name (if Applicant is a Child)	Father's Name (if Applicant is a Child)
Daytime Phone/Cell Phone	Daytime Phone/Cell Phone

Event Information		
Event for Which Scholarship is Requested		
Date(s) of Event	☐ Full Scholarship Requested	☐ Half Scholarship Requested
Reason for Requesting Scholarship		

Applicant (or Parent) Signature

Office Use Only	
Application Received By	Date Received
Signature of Scholarship Committee Representative	Date Reviewed
_____ Approved _____ Not Approved/Reason:	Date Applicant Notified