

**Ebenezer Missionary Baptist Church**

777 Elm Street

Mailing Address: P. O. Box 13485

Macon, GA 31208

Mrs. Virginia W. Saunders, Barbara Allen, Joyce Hodges, Rayceen King,

Educational Award Consultants

Rev. Henry D. Kennedy, Sr. Pastor

**MEMBERSHIP SCHOLASTIC ENROLLMENT FORM**

**NAME:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**HIGH SCHOOL GRADUATION**

Name of High School \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

**COLLEGE OR TECHNICAL SCHOOL THAT YOU ATTEND:**

Name and Address of School: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Major: \_\_\_\_\_

Date you began full-time matriculation: \_\_\_\_\_  
Month Year

Please note that this scholarship is given for the upcoming semester or grading period. Therefore, we are requesting a copy of the transcript from the previous grading period, indicating your full-time status as well as the required 2.5 or above GPA. In order to receive funds for the Fall semester, application must be submitted between July 1 - 15. The submission period for the Spring semester is December 15 - 31.

**CHURCH INVOLVMENT**

Are you an active member of Ebenezer Baptist Church? \_\_\_\_\_  
Yes No

How long have you been a member of Ebenezer Baptist Church? \_\_\_\_\_

List the church activities or groups in which you were involved:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

Student: \_\_\_\_\_  
Please sign your name

\_\_\_\_\_  
Please print your name

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_