

 **NEMOVEMENT**
Bible Church

ETHEL McFARLAND EDUCATIONAL FUND APPLICATION

Please fill in ALL applicable lines (fields) with the requested information (even if it is repeated information) Simply complete the form below and attach a copy of your fee statement or class schedule and mail them to the church office by *January 25th* to be eligible for the *Spring Semester* or *September 25th* to be eligible for the *Fall Semester*. Please review eligibility requirements before submitting your forms. **LATE OR INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED.**

PLEASE PRINT **STUDENT** INFORMATION BELOW

Name: _____ Age: _____

Address: _____

City: _____ State/Zip: _____ Cell Phone: _____

Email Address: _____

How long have you been a member of BIBLE WAY? _____ years _____ months

Date of Baptism: _____ Date BWFBC new members orientation completed: _____

Name of School attending: _____

Complete Mailing address (during the semester): _____
(This is where all correspondences to you will be sent)

Major or Field of Study: _____ Year Graduated: _____ (high school)

(You must provide proof of current registration by attaching a copy of your fee statement or class schedule.)

Parents Name: _____ Phone: _____

Address: _____

Student's / Parent's Signature Date

(ALL APPLICANTS MUST SIGN AND DATE)
Please review your application. Late or incomplete applications will be disqualified.

First time applicants must complete this section:

_____ has been an active participant for at least one year in the following BWFBC ministries:

Name of Ministry Name of Ministry

Must be signed by Ministry Leader

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