

**EASTERN LOUISIANA BAPTIST ASSOCIATION  
SCHOLARSHIP APPLICATION  
PACKAGE  
for the school year  
2025 - 2026**

Completed forms are to be returned to the ELBA office no later than

**March 17, 2025.**

Scholarship awards will be reported in  
the May 5, 2025 Semi-Annual  
Association Meeting.

Completed applications should be returned to:

**EASTERN LOUISIANA BAPTIST ASSOCIATION  
SCHOLARSHIP COMMITTEE  
P O Box 305  
Walker, LA 70785**

DATE \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

**SCHOOLING:**

Last School Attended \_\_\_\_\_ Degree Received \_\_\_\_\_

Year Graduated \_\_\_\_\_

**ALL APPLICATIONS MUST INCLUDE A COPY OF YOUR MOST CURRENT SCHOOL TRANSCRIPT.** (May also include a copy of ACT, GRE, SAT in addition to current transcript.)

Are you currently in school? \_\_\_\_\_ Where? \_\_\_\_\_

Have you applied for school? \_\_\_\_\_ Where? \_\_\_\_\_

Has your application been approved? \_\_\_\_\_ If no, explain \_\_\_\_\_

Does the school make any tuition concessions for you? \_\_\_\_\_ Explain \_\_\_\_\_

Have you received other scholarships or grants (including TOPS)? \_\_\_\_\_ If so, name the scholarship, sponsor, and amount \_\_\_\_\_

Do you currently have a student loan? \_\_\_\_\_ Approximate amount \_\_\_\_\_

**RELIGIOUS EXPERIENCE:**

Are you a Christian? \_\_\_\_\_ How long have you been a Christian? \_\_\_\_\_

Church where you are a member \_\_\_\_\_

Pastor's name and address \_\_\_\_\_

List the ministries that you participate in at your home church (e.g. Mission Friends, GA, RA, Acteen, Sunday School, Discipleship Training, VBS) \_\_\_\_\_

If you do not participate, why not? \_\_\_\_\_

List other Christian organizations and activities in which you are active \_\_\_\_\_

PLANS:

What are your current vocational plans? The Association expects its scholarship students devotion to the Lord, His church and work, and loyalty to the Eastern Louisiana Baptist Association. Use additional sheets as required.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

FAMILY INFORMATION SHEET:

Name \_\_\_\_\_

\_\_\_Single    \_\_\_Married

**If Single:**

Father or Male Guardian \_\_\_\_\_

Mother or Female Guardian \_\_\_\_\_

Total number of people living at home \_\_\_\_\_

Place of residence during school \_\_\_\_\_

Total Annual Family Income \_\_\_\_\_

**If Married:**

Spouse \_\_\_\_\_

Dependants:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Annual Family Income \_\_\_\_\_

\*\*\*\*\*

Applicant,

Please give the reference forms and an envelope to your selected individuals. Have them complete the forms, seal them in the envelope and return to you to be submitted along with the application.

ALL application forms and information sheets must be returned to the Associational Office by the scheduled deadline.

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

PASTOR'S REFERENCE SHEET:

Dear Pastor,

You have been selected to be a reference for an ELBA scholarship applicant.

In order that we may knowledgeably study this application, we would appreciate you furnishing us the information below. All information will be treated as confidential. Please place the reference forms in a sealed envelope and return them to the applicant.

Sincerely,

The Scholarship Committee  
Eastern Louisiana Baptist Association

Scholarship Applicant \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Please rate the applicant with respect to each of the characteristics listed below by marking an "X" in the section that most nearly represents your evaluation of the applicant.

	EXCELLENT	GOOD	SATISFACTORY	BELOW AVERAGE
INTELLIGENCE	_____	_____	_____	_____
LEADERSHIP	_____	_____	_____	_____
TEAMWORK	_____	_____	_____	_____
RESPONSIVENESS TO NEEDS OF OTHERS	_____	_____	_____	_____
EMOTIONAL STABILITY	_____	_____	_____	_____
WILLINGNESS TO SERVE	_____	_____	_____	_____
SENSE OF HUMOR	_____	_____	_____	_____

On the attached page, please describe the applicant's Christian walk. List strengths and potential weaknesses of the applicant. Your honest assessment of this applicant is essential to the work of the Scholarship Committee. Use additional sheets if necessary.

PASTOR \_\_\_\_\_ POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have questions, please contact:

EASTERN LOUISIANA BAPTIST ASSOCIATION  
SCHOLARSHIP COMMITTEE  
P O Box 305  
Walker LA 70785  
Phone: 225-664-9309



PERSONAL REFERENCE SHEET:

Dear Friend,

You have been selected to be a reference for an ELBA scholarship applicant.

In order that we may knowledgeably study this application, we would appreciate you furnishing us the information below. All information will be treated as confidential. Please place the reference forms in a sealed envelope and return them to the applicant.

Sincerely,

The Scholarship Committee  
Eastern Louisiana Baptist Association

Scholarship Applicant \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Please rate the applicant with respect to each of the characteristics listed below by marking an "X" in the section that most nearly represents your evaluation of the applicant.

	EXCELLENT	GOOD	SATISFACTORY	BELOW AVERAGE
INTELLIGENCE	_____	_____	_____	_____
LEADERSHIP	_____	_____	_____	_____
TEAMWORK	_____	_____	_____	_____
RESPONSIVENESS TO NEEDS OF OTHERS	_____	_____	_____	_____
EMOTIONAL STABILITY	_____	_____	_____	_____
WILLINGNESS TO SERVE	_____	_____	_____	_____
SENSE OF HUMOR	_____	_____	_____	_____

On the attached page, please describe the applicant's Christian walk. List strengths and potential weaknesses of the applicant. Your honest assessment of this applicant is essential to the work of the Scholarship Committee. Use additional sheets if necessary.

NAME OF REFERENCE \_\_\_\_\_

RELATIONSHIP TO APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have questions, please contact:  
EASTERN LOUISIANA BAPTIST ASSOCIATION  
SCHOLARSHIP COMMITTEE  
P O Box 305  
Walker LA 70785  
Phone: 225-664-9309

