

Application for A.L. Strozier Scholarship

Name _____

Address _____

Home Telephone _____ Work Telephone _____

Date of Birth _____

High School _____ Graduation Date _____

Church Membership _____ If at college/ please list your Home Church in

Coffee County _____

How long have you been a member _____ College Church _____

Are you preparing yourself for a church related vocation or a nursing career?

Yes ___ No ___ College you plan to attend _____

If you are enrolled in college, list name and address and how long you have attended: _____

Applying for assistance for what semester? _____

Parent or Guardian _____

Father's Name _____

Address _____ Phone # _____

Occupation _____

Mother's Name _____

Address _____ Phone # _____

Occupation _____

Please attach a letter of recommendation from the pastor of your home church.

Please attach a statement in your own handwriting telling about yourself and what your plans for the future are.

Return by April 30 to: Coffee County Baptist Association
P.O. Box 127
New Brockton, AL 36351

Questions? (334) 894-6411; Fax: (334) 894-5166; Email: info@ccbacenter.com