

Asbury Q. Baldwin Memorial Scholarship Fund

Application Form

NAME _____ **Date of Birth** _____

Address _____ **Telephone No.** _____

Parents Name _____

Father's Occupation _____ **Employer** _____

Mother's Occupation _____ **Employer** _____

Names and ages of brothers/sisters:

High School _____ **Date of Graduation** _____

Scholastic average in high school _____

SAT, ACT, and other scores _____

List of awards, school activities, offices held, honors, etc.

List of community activities

List of church activities

Combined Family Annual Income

_____ under \$25,000	_____ \$75 - \$100,000
_____ \$25 - \$50,000	_____ \$100,000 +
_____ \$50 - \$75,000	

Educational goals _____

Have you been officially accepted by a college? _____ **If so, where?** _____

What other scholarship aid do you hope to receive?

On the back of this application, please state the reasons why you would like to receive the Asbury Q. Baldwin Memorial Scholarship.

_____ **Date** _____

Name