

Little Rock Baptist Church
Wilford O. Noel Scholarship Memorial Fund
SCHOLARSHIP APPLICATION

Fill out and return to the Scholarship Committee President
Applicant will be contacted and interviewed by Scholarship Committee

Applicant's Full Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone _____ **Date of Birth** _____

E-Mail Address _____

Parents' Names _____

When did you become a member of Little Rock Baptist Church? _____

High school you graduated from _____

When did you graduate? _____ **Did you get a GED?** _____

Institution of higher education you plan to attend _____

What is your intended major? _____

When do you plan to attend? _____ **Anticipated completion** _____

Signature _____ **Date** _____

For Scholarship Committee Use Only

_____ **Approved** **High School or College Gift** _____
_____ **Disapproved** **Scholarship Amount** _____

Signature _____ **Date** _____