LAKELANDS BAPTIST ASSOCIATION

Return to: Lakelands Baptist Association
232 Bypass 225
Greenwood, SC 29646
Must be received by

SONNY NOBLIN (LBA) SCHOLARSHIP
Ministry Related Education
Application Form

Note: 1) PRINT all information CLEARLY
2) Applicant must apply each year
3) Use of proceeds is limited to tuition, enrollment fees, books, and supplies
4) A copy of invoice or other record showing amount of tuition or other allowable expenses are required.

Name _____ _____ _____
First MI Last

Home Mailing Address _____
Street

_____
City, State, Zip Code

Home Phone No. _____ E-mail address _____

Gender: _____ male ____ female Age _____

Martial Status: _____ single _____ married Number of children _____

College or University you plan to attend _____
Name

_____
City, State

Where will you live: _____ home _____ campus _____ other

Major: _____

If currently attending College/University please give the following:

Mailing Address _____
Address

_____
City, State, Zip

_____
Phone No.

How will you be classified this collegiate year:

____ Freshman ____ Sophomore ____ Junior ____ Senior

Number of credit hours you anticipate taking _____

If you are a Senior give anticipated graduation date: _____

Church Membership:

_____
Name

_____
Address

_____
City, State, Zip

Pastor's Name: _____
First Last

Church Attending at College/University:

_____
Name

_____
Address

_____
City, State, Zip

Pastor's Name: _____
First Last

On separate sheet please provide 500 words, or less, summary of your Salvation Experience and Call to Ministry.

Signature: _____ _____
Name Date